22500898240

Digitized by the Internet Archive
in 2021 with funding from
Wellcome Library

https://archive.org/details/s6588id1398085

JOURNAL OF

CUTANEOUS MEDICINE

AND

DISEASES OF THE SKIN:

A QUARTERLY RECORD OF

DERMATOLOGICAL SCIENCE.

EDITED BY

ERASMUS WILSON, F.R.S.

PROFESSOR OF DERMATOLOGY IN THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

VOL. III.

LONDON:
JOHN CHURCHILL AND SONS, NEW BURLINGTON STREET.
MDCCCLXIX.

WYMAN AND SONS, PRINTERS,
GREAT QUEEN STREET, LINCOLN'S-INN FIELDS,
LONDON, W C.

WELLCOME INSTITUTE LIBRARY
Coll. wellMOmec
Call No.

PREFACE.

THE JOURNAL OF CUTANEOUS MEDICINE has now completed its THIRD volume, and thus much of our self-appointed task performed, we very reluctantly resign our editorial pen.

The duties which our Journal has imposed have been to us a labour of love, but none the less a real labour. And, although we feel thoroughly convinced that the permanence of the Journal would tend very considerably to advance the progress of our cherished science, we must resign, albeit regretfully, the honour of accomplishing that great and desirable purpose, to our successors—to younger, and possibly to abler, but certainly not to more zealous men.

The position which we have occupied in relation to Dermatology for more than a quarter of a century, has been one of grave responsibility; and we have not hesitated to take upon ourselves graver duties than have been, aforetime, ever performed in relation to Dermatological science. Dermatology, once a *specialism*, has now gained its proper place in medical knowledge. It has been received into the fold of general medicine; it has been recognized as a part of medical education; and we esteem it as the one greatest honour that could have been bestowed upon us—as the worthy reward of a lifetime of labour—to be entrusted with the office of being the exponent of its doctrines.

For the future these new duties will receive the time and attention which have heretofore belonged to the Journal, and, faithfully performed, will, in an educational point of view, replace the instruction conveyed by its pages. One of the attractions of a journal must, however, necessarily be lost, namely,—the unity of labour of many minds, and an unity of love and fellowship amongst men who labour together for a common end.

We owe our thanks to those who have aided us in our undertaking. We owe them also to brother editors at home and in distant lands; and we especially owe them to our colleagues, the editors of the Italian, the French, and the German Journals of Dermatology, for their friendly and generous recognition of our labours. That we can compete with them no longer in honourable rivalry is not the least of the regrets which attach themselves to the necessity of saying—FAREWELL.

17, HENRIETTA STREET, CAVENDISH SQUARE,
LONDON, *January* 1, 1870.

5/55

JOURNAL OF
CUTANEOUS MEDICINE.

LECTURES ON CUTANEOUS MEDICINE AND DISEASES OF THE SKIN.

BY ERASMUS WILSON, F.R.S.

LECTURE IX.

On Ekzema.

GENTLEMEN,

IN our previous lecture we discussed the general phenomena, in other words, the general pathology, of ekzema; we then proceeded to found on those general pathological phenomena a definition of ekzema; and in the next place we submitted to inquiry its forms of manifestation, its chief forms and its accidental forms, or, if you prefer the terms, its primary and its secondary forms. We have still left for our consideration some interesting features of the affection, relating to its manner of distribution, and also to its regional peculiarities, before we may venture to turn our attention to the etiology and therapeutics of the disease.

Ekzema in its distribution may be *general* or *partial*. As a general eruption it is much more rare than the partial or local forms; and in its manner of development it may in some instances break forth like an exanthem, *exanthematous ekzema;* or, as most frequently happens, it may begin as a single spot, and other spots may follow more or less quickly until the greater part of the body is sprinkled over with ekzematous blotches: this is the successive form of general ekzema, *ekzema successivum*. General ekzema is most frequently seen in the infant, in whom an unity of sensibility more commonly pervades the whole skin, than in the adult; and in the adult, when, as a consequence of debility, the conditions of irritability of the skin approximate to those of the infant. But although the eruption may be general, it does not therefore follow that

it should be uniform, but on the contrary, the law of variety and the law of regional modification are rigorously asserted. Thus in ekzema infantile, there may be no part of the surface of the body on which the eruption is not present; there can therefore be no question as to its being a general ekzema; but the forms will differ in different situations, and locality will be influential in producing other modifications. We shall find ekzema erythematosum in several situations, with scattered examples of ekzema papulosum; even ekzema vesiculosum may be discovered in sundry places; while ekzema ichorosum is conspicuous on the cheeks, the scalp, and the flexures of joints, often associated with ekzema pustulosum; and ekzema squamosum is only absent because time has not been given to the eruption to attain the proper degree of ripening for its manifestation.

Excepting in the infant, general ekzema is so infrequent that it may be regarded almost as an exceptional form of the disease; the eruption in general presenting the character of a partial or local affection. But here, again, it is necessary to observe, that partial or local ekzema is not limited to a single region; it is rarely solitary, but is usually present in several at the same time: it may be the fingers and the fissuræ aurium; it may be the head and the flexures of the joints; it may be the back of the hands and the circumference of the anus; or it may be the fore-arms and the pudendum.

Just as ekzema generale, or universale, has its two principal forms of manifestation and distribution, namely ekzema exanthematosum and ekzema successivum; so also has ekzema partiale its two governing forms; for example, ekzema diffusum and ekzema circumscriptum. The most usual form of partial ekzema is that in which the patch of inflamed skin fades into the surrounding healthy skin; and spreads and diffuses itself in the adjoining skin without any distinct limit of separation, or possibly blends with neighbouring patches, and so produces a blotch of large size, sometimes involving a considerable portion of the trunk of the body, or of a part or the whole of a limb. It is necessarily irregular in outline, and has no distinct boundary. This is *ekzema diffusum;* and with these characters we find it commonly on the head and face, behind the ears, in the axillæ and groins, and in the flexures of the joints. And this form of the eruption is apt to be mistaken for erythema, and sometimes for erysipelas.

The circumscribed form, *ekzema circumscriptum,* is known by characters the opposite of those of the diffused form; the patches are more or less definite and regular in figure (*ekzema figuratum*), and generally isolated. They are, for the most

part, oval or circular in shape, and of variable size, sometimes several inches in extent, sometimes as small as pieces of money—hence the term "ekzema nummulare," and sometimes of still smaller dimensions. While another of the circumscribed forms is remarkable for possessing an elevated or papulated border, as in the instance of ekzema marginatum. The circumscribed figure of the eruption generally indicates a more than usual chronicity of character; and it is amongst these forms that we most commonly meet with illustrations of thickening, hardening, and hypertrophy, as in the instances of ekzema sklerosum and ekzema verrucosum.

We have already seen enough of this disease to recognize the fact, that one of the most striking of the characters of ekzema is its tendency to modification: it is modified by age; it is modified by sex; and it is also modified by situation. The ekzema of infants is most commonly general; the ekzema of the adult and elderly persons is more frequently partial. In infants we look for the erythematous, the papulous, and more particularly the ichorous and pustulous forms of the affection; in the adult the disease is more limited in its forms of manifestation, and less active; while in old age the squamous form is most predominant. Ekzema in the adult female approximates towards the characters of ekzema infantile; and ekzema in the adult male towards those of ekzema senile. But the modifications caused by situation are so remarkable as to call for separate notice, and to make a demand on our special attention and observation. And for this purpose we may divide the body into certain regions. For example, 1. The head, or hairy scalp; 2. the face, including the ears; 3. the folds of the skin; 4. the flexures of joints; 5. the pudendum and perineum; 6. the mammæ; and 7. the hands and feet.

The most frequent forms of the disease seen upon the *hairy scalp* are the erythematous, the ichorous, and the squamous. Vesicles are very rarely met with, and papulæ still more seldom. In the ichorous and suppurating form the hair is matted by the discharges, and, conjointly with the desiccated secretions, gives rise to a hardened crust, which encloses the head as in a case or closely-fitting cap, detains the secreted fluids, and is excessively ill-smelling and offensive, the odour resembling that of valerian. It is, however, only by neglect that such a state as this can arise, and by proper attention it may be completely obviated. More frequently this state of sordid accumulation of desiccated discharges and matted hair is limited to a part only of the head. Sometimes, when the ichorous exudation is very abundant, it draws the hairs together

like a conical pencil, and from the end of these cones the limpid discharge appears to distil in frequent drops; the discharge dries on the cones, and forms upon them a thin, glistening sheath; and to this appearance Alibert gave the fanciful name of micaceous tinea, tinea amientacea; while the glittering appearance of the bundles of hairs reminded him of asbestos, and suggested the term, tinea asbestina. At other times the exuded secretion dries into whitish or greyish friable crusts: the broken fragments of these crusts have been compared to mortar, and the presence of a number of granules of broken crust has been dignified by the name of tinea granulata. Upon such slender threads do the eccentricities of nomenclature sometimes hang; and, strangely enough, common ekzema, with these simple and obviously accidental peculiarities, has been described as though it were the representative of distinct varieties or distinct species.

Gentlemen, we cannot forbear impressing upon you in this place that ekzema is ekzema, and that ekzema capitis is ekzema capitis, whether it occur in the infant or in the adult; and, as ekzema, that it can only present itself to your notice with the forms already described, and with which we hope you are by this time familiar. The instances we have already adduced of magniloquent nomenclature, will prove to you that there is reason for our caution, and that tinea amientacea, tinea asbestina, and tinea granulata, with a host of porrigos, are nothing more than examples of a dirty and neglected ekzema capitis; an ekzema that, a little soap and water properly applied, or a coating of ointment or oil, would speedily convert into a tinea mundificata, and thence ensuing into a tinea curata. But while we are on this subject, we must call your attention to another of the vagaries of dermatologists in the matter of nomenclature. You will naturally inquire: What has tinea to do with ekzema? The answer is simple enough: Nothing at all. Tinea signifies a loss of hair from the breaking of its shaft close to the surface of the skin; as though, in fact, it were eaten away by the larva of the moth or tinea. But there is no disease of the hair in ekzema, no breaking of the hair; and therefore the term is misapplied, and is consequently absurd. Perhaps we may be told that tinea is a disease of the head, and ekzema being in this case a disease of the head, it is therefore immaterial what term be employed, provided that we understand its meaning. Some such argument has been used in the instance of psoriasis and lepra. But it is clear that such arguments, and so loose a manner of thinking, are wholly unsuited to the present age, and inadmissible by an educated

and polished profession; and therefore are utterly unworthy of being entertained.

When the discharges, or the crusts, as the case may be, are cleared away from the scalp in a case of ekzema ichorosum, or ekzema ichorosum which, by neglect, has degenerated into an ekzema crustaceum, the skin will be found red and inflamed, more or less tumid, more or less denuded of epidermis, and moist with exuding secretion. To an aggravated form of this state of dermatitis, Willan applies the term ekzema rubrum; and it would be matter of surprise to all who have the opportunity of observing this disease, that the roots of the hair should remain so entirely unaffected, were it not at the same time known that the pathological operations of ekzema are extremely superficial, and for the most part confined to the vascular layer of the derma.

Ekzema squamosum is the most common form of ekzema of the scalp; sometimes it is the sequel of the ichorous form of the affection, and sometimes of the erythematous; and it ordinarily presents two degrees of severity; in one of these the desquamation consists of very fine, thin, and minute scales, constituting *pityriasis*, while the other presents the typical character of *psoriasis*. For example, the integument is red and thickened from infiltration, and the scales are thicker and larger, and in every way coarser. In both these forms there is redness, slighter in the one, more considerable in the other; in both there is pruritus, but most in the latter; and in the latter also, accompanied with a variable quantity of ichorous exudation, when the skin has been severely scratched. Looking to the relative amount of hyperæmia in these two forms of affection, as also to the interstitial infiltration of the one and the absence of infiltration in the other, we see an explanation of the finer scales of pityriasis and the coarser scales of psoriasis; and we at the same time recognize the identity of the affection, and perceive that pityriasis and psoriasis are simply degrees of squamous dermatitis; in fact, of ekzema squamosum of the scalp. And it is to this form of affection that Willan, following the example of his predecessors, assigns the term *porrigo*—porrigo, a term used by Celsus, being derived from the Latin word *porrum*, an onion, because "ut porrum in tunicæ involucra, ita cutis, velut in squamas resolvitur." You see, gentlemen, that the study of ekzema leads to considerable disappointment for the lovers of mystery, and that, as searchers after truth, it affords us another argument for taking it as the head of our discourse, and as the foundation of a practical classification. Already on the scalp alone ekzema has routed the artificial classification almost to destruc-

tion, inasmuch as it has represented five out of a total of eight of the orders founded on the pathological signs of cutaneous disease; namely, papulæ, squamæ, exanthemata, pustulæ, and vesiculæ. We may add, further, that pityriasic ekzema capitis is more chronic than the psoriasic variety, and more frequently leads to destruction of the hair. The loss of hair in this instance arises from exhaustion of the trichogenic function, and the prolonged duration of the disease is attributable, not so much to its chronic nature, as to the little inconvenience it occasions the patient, and his consequent neglect of application for relief.

Ekzema of the *face* offers the greatest amount of interest in infants, in whom all the forms of the affection may be observed, sometimes in the erythematous and papulous form constituting strophulus and tooth-rash; sometimes in the ichorous form, producing by the desiccation of its secretions the milk-crust, crusta lactea, the ekzema larvale, or porrigo larvalis; and sometimes in the squamous form. The commonest seat of the affection is the cheeks and the forehead, and in the ichorous form, which is attended often with intense redness, and very considerable swelling, a picture is produced which is really alarming and frightful to behold: the head may be swollen to the roundness of a sphere; the features are flattened and distorted, the eyes are closed by œdematous infiltration of the lids, and in some instances the lids are everted, and the balls of the eyes brought hideously into view. What a terrible picture! But how easily relieved; nay, how easily cured. In general we use the word "cure" with great circumspection, with extreme humility, but in this instance we pronounce it emphatically.

Taken in their order of succession, the first of the infantile ekzemata is the milk-crust: it would have been more correct to have termed it the *no-milk crust,* for its cause is invariably a deficient or unwholesome supply of the natural food of the infant. Then vaccination, and then dentition, come in for their share in the causation of the disease; first, primary dentition; secondly, permanent dentition; then food supply; and then puberty, with its physiological changes. Even the powers of the constitution may be tested by ekzema, as to their capabilities of resistance; the erythematous and the papulous forms accompany power and tone; the ichorous form indicates an inferior standard of vitality; and the purulent complication of the ichorous form, the lowest extreme of debility. Ekzema in general gives little or no alarm to the deeper structures of the body, but ekzema of the head is frequently attended with enlargement of the occipital and

post-auricular lymphatic glands; and the purulent forms of the disease with sub-cutaneous abscesses in addition.

In the youth of both sexes, when the powers of the constitution are exhausted, we meet occasionally with ekzema pustulosum or impetigo; and it is at this age also that ekzema labiorum, a sequel of ekzema infantile, is most troublesome. In the adult ekzema squamosum is apt to prevail, and may lay siege to any of the prominences of the face; and in the adult female, and a little later in the male, we find ekzema ichorosum attacking the ears, with its usual accompaniment of œdematous infiltration. While, later still, squamous ekzema of the eyelids is apt to take place, and squamous and ichorous ekzema of the fissures of the ears.

Ekzema has a marked tendency to seize upon the most delicate and sensitive parts of the skin, and especially those which are exposed to heat and perspiration, and are withdrawn from the free current of the atmosphere. You may perhaps object to this remark, that ekzema is very common on the face and on the hands; but in those localities there exist special sources of irritability having reference to innervation and circulation, which are absent elsewhere. And as a rule ekzema will be found to be more frequent on the clothed than on the unclothed parts of the body, and in the *grooves of folds* of the skin, or in the hollows of joints than anywhere else. If we apply this observation to the ground over which we have just been treading, we shall perceive a reason for the frequency of ekzema at the commissures of the eyelids and mouth, at the base of the alæ nasi, around the aperture of the nares, and especially in the groove at the root of the ears. In infants and fat persons ekzema is often met with in the folds of the neck as well as in those of the trunk, and in adults of all ages we find the affection in the hollow of the sternum, in the grooves beneath the mammæ; in the hollow of the umbilicus; in the duplicatures of the integument of the abdomen; and in the fossa of the nates.

From the frequency, we might almost say the constancy, of ekzema in the flexures of the joints, *ekzema articulorum* has become one of the standard terms of dermo-pathology; and it is also one of the signs by which constitutional or diathetic ekzema is manifested. Most frequent of all it is met with in the hollow of the popliteal space; next in the bend of the elbows; then in the armpits; and then in the groins.

Friction between opposed surfaces of the skin, when it goes no further than to produce redness, is termed erythema intertrigo; but the same amount of friction that would produce erythema in one person, would, in another, be the cause of an

exudation; in fact, an ekzema: even in the first of these supposed cases, an increase in the quantity of the friction would convert the erythema intertrigo into an ekzema erythematosum, and probably an ekzema ichorosum. In persons in whom an ekzematous diathesis prevails, the slightest degree of friction would be sufficient to occasion an ekzema; and the skin of folds or hollow places or surfaces in contact with each other betrays a natural proneness to the development of the exudative form of erythema, or simply ekzema, often under the most trivial degree of irritation. In the hollows of folds of the skin the exudation sometimes occurs without any apparent breach of the surface of the epidermis, and the secretion may very closely resemble mucus in its character, being viscous and slightly opaque: this is ekzema mucosum. At other times there may be fissures of various extent, from which exudes an ichorous lymph; or, in more aggravated cases, there may be present decided excoriation, with an abundant exudation, and a tendency to form crusts by the desiccation of the secretion. This latter is the common character of ekzema articulorum. While, at a later period, the inflamed part may assume the properties of ekzema squamosum; the skin may be thickened and infiltrated, it may split into cracks and fissures on the mere motion of the joint; it may exude an ichorous discharge from the rhagades, and the discharge may be commingled with an effusion of blood in a greater or less degree.

One joint only, namely the axilla, deserves to be singled out from the rest to distinguish some peculiar features; and these features are, the occasional enlargement of lymphatic glands, and more frequently still the formation of hard masses seemingly of condensed and thickened areolar tissue immediately beneath the skin, and the suppuration of these masses, sometimes giving rise to superficial abscesses; sometimes opening singly, but more frequently at several points, and not rarely establishing fistulous channels, which continue to pour out pus for a considerable time, or which, after its escape, heal up, and break again and again, and thus are continued for several weeks, and in some instances for months.

The *pudendum* and *perineum* are one of the favoured seats of ekzema both in the female and in the male; there, especially, the common exciting causes of ekzema are present in an excessive degree; for example, heat, perspiration, moisture of excretions, contact of surfaces, friction, absence of ventilation, and hæmorrhoidal veins; and the symptoms are aggravated by the motions of the body, of which the perineum is the necessary centre. In a fully developed example of ekzema pudendi, the inflammation occupies the whole of the

external genital organs spreading upwards upon the mons pubis in front, extending backward along the groove of the perineum to that of the nates; outwards in the glutæo-femoral groove posteriorly, and along the inguinal grooves anteriorly; and for some short distance down the thighs at either side. But the extent of the disease presents usually the utmost variety; it may be limited to the scrotum and root of the penis; to one side of the scrotum and the contiguous surface of the thigh; to the scroto-crural grooves; to the perineum; or to the immediate circumference of the anus; while in the female the labia alone, or the labio-crural grooves, may be the seat of the affection.

In like manner, the disease may present itself with the threatening characters of an ekzema erythematosum; with the fiery redness, the tumefaction, and the abundant exudation of an ekzema ichorosum; with the prurient irritation of an ekzema squamosum; or it may alternate throughout the entire series of forms, one while exhibiting the calmness of the erythematous type, another while the fierceness of the œdematous and exudative type; and in the third place the inveteracy of the squamous type. It was an intercrural ekzema in its most active form that suggested to Willan his picture of ekzema rubrum. And it is in the pudendal region, and especially along the boundary-line of its inflamed surface, that is developed the papular ridge which is characteristic of ekzema marginatum. It must be mentioned also that the suffering attendant upon ekzema pudendi is very much enhanced by the formation of rhagades of considerable extent; by the burning and throbbing of the ichorous form, and by the intense itching of the dry or squamous form. Ekzema of the anus is remarkable for its itching; so also is ekzema of the anterior commissure of the vulva; while another annoying form of the disease, attended often with incessant pruritus, is ekzema squamosum præputiale. In this latter affection the prepuce is thickened, hardened, more or less deeply fissured, and contracted so as to occasion paraphymosis.

The *mamma* in the female is the occasional seat of ekzema, and especially the mammilla; the chapped and fissured nipples which are met with so frequently, are an example of ekzema. And ekzema of the mammæ may present all the chief characteristic forms of the complaint; it may be erythematous or vesiculous, ichorous or squamous; but is usually very amenable to treatment. Even the chapped nipple, frequently so chronic, is by no means difficult of cure, when nursing can be abstained from, and the macerating influence of the saliva of the infant avoided.

The *hands* and the *feet* are, both of them, extremities of the body, and therefore their liability to altered nutrition dependent on exhaustion of nerve-force ought to be nearly similar; but the one is a clothed and the other an unclothed organ, and this constitutes an essential difference in their behaviour under disease, and gives rise to a series of varied manifestations. The feet, although in their tissues they may be debilitated by constant covering, are less exposed to the influence of irritants, such as extremes of cold and heat, and irritants of the chemical and mechanical class, than the hands: hence, ekzema of the hands is more common than ekzema of the feet. Ekzema of the back of the wrists from cold, and especially from the combination of moisture with cold, as in the instance of chapped hands, is one of the most frequent phenomena of domestic life; another is the so-called ekzema solare from the action of the rays of the sun upon the back of the hands; ekzema from the use of alkaline solutions; of acid solutions, as in the manufacture of sulphate of quinine; from the contact of sugar, as in the case of grocers' itch; of lime, as in the instance of the bricklayer's itch; of flour, as in the baker's itch; and of friction and maceration in hot soap-suds, as in the washerwoman's itch. From all these causes the feet are protected, and are, therefore, less liable to ekzema. But there is a cause of ekzema in the feet which is absent in the hands, namely, the heat, moisture, and attrition which occur between the toes, and give rise to one of the most troublesome forms of ekzema ichorosum.

The hands and the feet, and especially the first, are subject to all the forms of ekzema; the erythematous, the papulous, the vesiculous, the ichorous, the pustulous, and the squamous. In their order of frequency we should place the squamous first on the list; secondly, the papulous; thirdly, the vesiculous; and fourthly, the ichorous and suppurative. A common cause of ekzema of the hands, namely the acarus scabiei, affords an apt illustration of the greater number of these forms. In the first place there is more or less of an erythematous condition of the hands; secondly, there are papulæ; thirdly, vesicles; sometimes pustules; and frequently patches of excoriation corresponding with ekzema ichorosum; in certain cases, where the skin is less sensitive and its indisposition to exudation more decided, there might also occur ekzema squamosum.

Ekzema of the hands sometimes puts on the characters of an acute affection; the hands and fingers are swollen, they are more or less red; the cuticle is raised into minute vesicles, in some places the cuticle is lifted up in an extensive layer; there are breaks here and there, through which an ichorous exudation

takes place; in parts the cuticle has become softened and rubbed off; the exposed derma is intensely red; it exudes abundantly, sometimes a limpid and sometimes a purulent fluid; and occasionally the vesicles on the surface may be filled with pus in lieu of transparent lymph. This is a picture that you will see frequently in children, in young females and youths; sometimes in the adult female, exhausted by parturition and long nursing: but never under any other than the like conditions; namely, the tissue irritability of childhood, or that induced in the adult by exhaustion and debility. It is the ekzema rubrum of Willan, occurring in the hands; and it is the ekzema impetiginodes of the same author.

One of the commonest forms of ekzema manuum is the ekzema papulosum of the back of the hands; the eruption is developed in one or more patches, and is more or less completely circumscribed. It consists of a cluster of papulæ dispersed or coherent, united by an inflamed and thickened base; and is sometimes simply papulous and quiescent, sometimes moistened by a copious ichorous exudation; and sometimes encrusted over with a greyish and yellowish scab. This form of ekzema is remarkable for its itching propensities; at first there may be nothing more than an itching of the skin; the skin is rubbed or scratched, and then small hard knots or pimples appear; the pimples enlarge, the itching is increased, the scratching renewed, and the pimples become inflamed; inflammation spreads from their basis to adjoining pimples, and a number become united into a single patch by the intervention of an inflamed and infiltrated base. It is after infiltration has occurred that the ichorous exudation begins; but not spontaneously, only after irritation by excessive itching; the patient has bestowed upon the patch a thorough rubbing, or torn its surface by an angry scratching. This is the lichen agrius of Willan; it is verily *αγριον*, angry, fierce, violent; according to a certain form of nomenclature, it is an ekzema lichenosum or lichenodes; but in simple truth it is nothing more than an ekzema papulosum.

But there is a silent form of ekzema which takes possession of the skin of the hands, and is much more common than the preceding forms. It begins with a subdued itching; say on the sides, or the tips of the fingers, along the ulnar border of the hand, on the ball of the thumb, or in the palm. The first visible notice of anything wrong is a dryness and yellowish transparency of the cuticle; the altered cuticle cracks and desquamates, sometimes by way of exfoliation, sometimes in small thin scales; the derma beneath the scales is somewhat red and indurated; it cracks into dry fissures, and a chronic morbid action is set up, which rarely rises to the level of in-

flammation, but is very tormenting to the patient. It itches, it catches in everything he touches; moreover, it is often very sore, very tender, and sometimes hot and burning. And occasionally, if it be much scratched, it may exude a little ichorous fluid, and occasionally it may bleed. You will sometimes meet with this form of ekzema on the tips of the fingers, where it may be accompanied by painful cracks. We have seen it several times in ladies who play upon the harp.

In the palm of the hand, this ekzema squamosum is known by the name of psoriasis palmaris, and in truth it is the legitimate psoriaris palmaris, the direct offspring of its chief of kin, psora; psora being, as we have already pointed out, the ekzema of modern nomenclature. There are several other affections of the palm of the hand, that we need not more particularly allude to at present, that are also, but falsely, called psoriasis; a fact which renders the correct diagnosis of an ekzema squamosum of more importance than it would otherwise be.

Ekzema squamosum sometimes, also, takes possession of the walls of the nails, and besides being painful and troublesome, disturbs the healthful formation of the nail. This is especially the case when the posterior wall, that which contributes to the production of the surface of the nail, is affected. The posterior wall may or may not be swollen in this case; it may or may not be fissured; but the surface of the nail is apt to be discoloured, rough, and marked by numerous hollows, as though it were wormeaten; and sometimes the nail is thickened and horny both in colour and density. This form of disease is *ekzema unguium*, a troublesome and vexatious affection.

Ekzema squamosum of the hands may be met with at every period of life, but is most common in persons of advanced life; in such as have a dry skin, and an exhaustive and nervous temperament.

Let us now turn to another page in the history of ekzema, and inquire into its relations with the constitution of the individual. Ekzema may be regarded in the double light of a disturbed function of the economy and a disturbed function of the part. It has, therefore, no constitutional symptoms of its own, and any symptoms that may be present in association with it must be attributed to the general disorder of the economy upon which the ekzema depends. Very frequently, ekzema is substitutive of some other form of disease, and the symptoms of that disease cease as soon as the ekzema is developed, or it may be derivative of a morbid action taking place within the economy, and a similar result follows. Popular observation of this kind has doubtless been the source of the prejudice, so common

amongst the public, against a rapid cure of ekzema; and, corroborated by the humoralistic doctrine of a past day, has suggested the dread of transferring the disease from the skin to some inward part, in other words, of "driving in" the disease. Hence we sometimes hear the stale opinions of medical men, that an ekzema infantile should not be interfered with; and sometimes this miserable twaddle goes the length of assuring the mother of the infant that it would be easy to cure the local affection, but the constitution would be certain to suffer. A sounder theory than humoralism will impose a natural check to such puerile objectors, and will secure a more wholesome philosophy.

But although ekzema has nothing specific in its nature and has no constitutional symptoms, it has all the capacity for becoming a serious irritant to the economy, and of increasing the disorder to which it owed its own proper origin. If disordered digestion, disordered nutrition, or disordered innervation were the causes of ekzema, these disorders may be increased by the irritation raging upon the skin; an irritation which destroys comfort, destroys sleep, destroys appetite, destroys exercise, and necessarily lays the foundation of an infinity of secondary evils. It is well known that in infants, ekzema is not always limited to the skin; but sometimes extends to that inner skin, the mucous membrane, which lines the air-passages; and in this way becomes the source of thickening of the membrane, of obstruction of the air-tubes, and possibly of dilatation of the air-cells; for bronchitis at an early period, and asthma in later age, are by no means unfrequent companions of ekzema.

Again, by ekzema of the skin, a state of chronic irritation and exhaustion of function is sometimes established in that membrane, as a life-long consequence. The adult, who has suffered from ekzema infantile, is not unfrequently, for ever after, the victim of a dry, harsh, wrinkled, unsecreting, or unperspiring integument; sometimes we have succeeded in tracing xeroderma to this source, xeroderma, the parent of true ichthyosis. And very constantly the possession of an ekzematous diathesis is indicated by a shrivelled, dystrophic condition of the skin, maybe of the face; maybe of the fingers and hands; a state which the texture and appearance of the skin of the rest of the surface of the body tends to corroborate as appertaining to ekzema.

And now let us say a few words with regard to the *diagnosis* of ekzema. Ekzema is a superficial and chronic inflammation of the skin, attended with a ragged and desquamating state of the epidermis, and with the exudation, or

a tendency to exudation, of an ichorous fluid; the ichorous fluid being sometimes detained in minute vesicular elevations of the epidermis, sometimes free, and sometimes infiltrated in the tissues of the skin. When all these signs are present together, and especially the exudation and the broken epidermis, ekzema stands self-confessed; but we have also, frequently, to foresee that an erythematous eruption will, at a future period, become exudative, or that a state of desquamation has, at an earlier period, passed through an exudative stage. In a word, any doubt as to diagnosis can only arise in the instance of the erythematous and papulous forms of the affection, and sometimes, but more rarely, in the squamous.

Wherever a doubt does exist, we must fall back on the other known phenomena of ekzema. Thus, if there be suspicion of an ekzematous diathesis; if the patient have any present indication of ekzema in the known haunts of that affection, as in the joints, behind the ears, in the head; if he have previously suffered from ekzema in any shape; these may be taken as corroborative proofs in aid of your diagnosis. Again, another source of verification is presented in the negative phenomena of the disease. Ekzema, it will be remembered, is slow in its progress. It is more superficial than erysipelas, but deeper than erythema. It is unattended with swelling in the beginning, and is rarely marked by much swelling throughout its course. It is pruritic from the first, and the pruritus increases with its advance. It is rarely developed with the uniformity of an exanthem. It is apt to be patchy in one place and papulous in another, and each day contributes to relieve us from our doubt. Moreover, it is important to remember, that, unlike the exanthemata, ekzema has no premonitory symptoms, and no concurrent febrile manifestations.

On the other hand, gentlemen, ekzema has sufficiently close resemblances to other affections to make it necessary that you should use your best judgment in the inquiry. An erythematous, or a papulous ekzema, may resemble a variola, a scarlatina, a rubeola, a roseola, an urticaria, an erysipelas, an erythema, a syphiloderma, or a lepra; but if you are well grounded in the natural history of the disease, your doubts will soon vanish, and you will learn to decide without hesitation. There is a moment when a herpes closely resembles an ekzema, but in the fully-developed form of either it would be difficult to make a mistake between them. The same may be said of bullous affections, in their broken state, when they expose to view an inflamed derma, exuding a copious ichorous

discharge; and a like remark applies to the circumscribed, squamous, and hypertrophous blotches of ekzema, in relation to the well-known disks of lepra Græcorum.

ON THE DERMAL PATHOLOGY OF PAULUS ÆGINETA. By Erasmus Wilson, F.R.S.

THE SEVEN BOOKS of the Greek physician Paulus Ægineta have been made known to us in the English tongue through the labours of Francis Adams. Paulus Ægineta flourished at the end of the 6th and beginning of the 7th century; seven hundred years later than Celsus, nearly twelve hundred years after Hippokrates, and almost 2,000 years subsequent to Æskulapius. Therefore, the works of this author may be taken to represent the knowledge of medicine attained during the progress of 2,000 years.

Paulus Ægineta puts forward no claim to be an original author, but simply a collector or compiler of the best knowledge of the day, and from the best sources extant. Hence in his writings we have the advantage of the labours of all the great authors who preceded him, and find assembled together the matured observations of Dioscorides Phakas (cent. I. A.C.); Aretæus (cent. I. P.C.); Scribonius Largus (cent. I. P.C.); Galen (cent. II. P.C.); Oribasius (cent. IV. P.C.); Aetius (cent. V. P.C.), and others. Strange to say, he does not appear to have been acquainted with the works of his predecessor Celsus; and, with the exception of a more extended materia medica, is, in all that concerns dermal pathology, very inferior to that author. The writings of Celsus on this subject convey the idea of a man who is personally conversant with what he is describing; Paulus, on the other hand, seems to have devoted his research to materia medica rather than to pathology, and consequently gives but a feeble and indefinite illustration of disease.

The dermal pathology of Paulus Ægineta is comprised in his 1st, 3rd, 4th, and 6th books. In the *first* book, which treats of hygiene, ages, seasons, temperaments, and diet; in the *third* book, which is devoted to affections purely local or topical; in the *fourth* book, which comprehends external diseases not limited to any one part, and therefore embraces nearly the whole number of cutaneous diseases; and in the *sixth* book, devoted to the management of a few disorders which call for surgical manipulation.

Book the first, which corresponds with the more ancient "airs, waters, and places" of Hippokrates, and also treats of disorders incidental to periods of life, touches briefly on the eruptions of childhood, on pruritus in children, on excoriations of the thighs, on watery discharges from the ears, on constriction of the skin, on a wrinkled state of the skin, on paleness, on the livid spots common to the skin in old age, and lays down a plan of treatment for making the perspiration fragrant.

"Whatever eruptions appear upon the skin of a child," says the author, "are to be encouraged in the first place; but when the eruption is properly come out, it may be cured" . . . . . "And the child's diet ought to be attended to, so that it be neither too full nor too spare." He further goes on to say that "if the child's belly be constipated" the bowels should be opened; but if they be loose, then they should be restrained.

"If the child be troubled with pruritus, use fomentations, and anoint with plenty of refined oil in which a little wax has been melted." "Excoriations of the thighs may be sprinkled with dried myrtle, cypress, and roses." "Watery discharges from the ears may be dried up by applying to them wool with alum, or with wine and honey, or by an injection of old wine either alone or mixed with saffron." "Constriction is occasioned either by obstruction or contraction of the pores." . . . . "Upon stripping the body, the affection is at once recognized by the paleness, hardness, and contraction of the skin, and by the body's being heated with difficulty during exercise. Calefiant remedies are the proper cure for this state of body, and therefore we must have recourse to the strongest exercise and the hottest baths, and the time of remaining in the cold bath must not be long, nor must the water be very cold. And when about to put on their clothes, let their bodies be anointed with a sweet and thin oil of a moderately heating quality. Obstructions of the skin are also properly cured by the oil of dill and by the oil of black poplars."

"A wrinkled state of the body may be removed by the farina of bitter tares, mixed with white wine." And "the perspiration may be rendered fragrant by mixing the leaves of the cypress, pounded dry, and the bark of the pine, in the same ointment. One ought also to remember in the morning, immediately after being dressed, to taste a small quantity of cassia or savin."

Pease-meal has been a favourite softener and smoother of the skin for many generations, and is undoubtedly a very agreeable substance when used in washing the skin. In India, where it is in much repute under the name of *basin*, as a cleanser and beautifier of the skin and hair, it is made from

a small pea or tare, called *Dahl;* and is very generally employed both by natives and Europeans.

"Paleness of the body is diminished by a merry course of life and grateful food, by mixing together radishes, leeks, and the green chich-pea. The juice of the sweet pomegranate, taken internally, restores the complexion;—likewise the fruit of the bitter almond, boiled in water and used as a bath." "Livid spots are prevented from forming on old men by rendering their skin thick and hardy, and by warming the habit. In order to dispel them, the black places should be rubbed in the bath with salt, and fomented with sponges steeped in a decoction of radish or wormwood."

There is much of soundness in the proposal to attempt the hardening and thickening of the skin with a view to preserve its healthy condition; and a lesson may be learnt on this head even at the present day. With us the means of bringing about so desirable a state are frictions with soap, the cold sponging or hip-bath, frictions with the flesh-brush, and exposure of the skin to the fresh air, the air-bath.

Third Book.—*Affections of the hair.*—"As some plants die from dryness for want of sap, and some from the sap being unsuitable to them, so it happens, in like manner, with the hairs; for baldness is occasioned by *want* of the natural juices, and alopekia and ophiasis by the *badness* of them. These complaints differ only in figure; for in the latter the affected part has the appearance of a serpent; and alopekia derives its appellation from the circumstance of foxes being frequently subject to the affection.

"Judging of the prevailing humour then, from the colour of the skin, we are first to evacuate it by purging, and then to have recourse to local applications. If, therefore, the colour incline to black or white, we purge with the medicine called hiera, which evacuates both phlegm and the melancholic humour; but if it be palish, we give pills of aloes." "In all the other complaints of the head the same method is to be observed, first evacuating the prevailing humour, either by purging, or by phlebotomy if there be also a fulness of blood, and then proceeding to the topical treatment." "But in every case of alopekia have recourse in the first place to the process of cleansing with nitre (soda); then friction, and frequent shaving. I have seen many have their hair reproduced by friction alone, and frequent shaving."

The author, in his character of compiler, draws his description of alopekia from Galen. He makes a very proper distinction between the baldness of advancing years, namely that proceeding from "want of the natural juices," and patho-

logical baldness, or alopekia. Celsus designates pathological baldness by the word *area*, from the verb *areo*, to be dried up, and thus describes two varieties of area, namely, alopekia and ophiasis. Paulus, however, having no acquaintance with the Latin term area, proceeds at once to alopekia, and treats ophiasis as a variety of alopekia, which, in truth, it is. No better arrangement of the subject can, it appears to us, be made than that of considering baldness under the two heads of Phalakrotes, or natural baldness (calvities), and Alopekia, or morbid baldness; using the terms alopekia area and alopekia ophiasis to distinguish, the former, the circular patches of morbid baldness; and the latter, the serpentine elongation which morbid baldness assumes when it follows the course and distribution of a cranial nerve. Willan and Bateman have committed an error in designating alopekia area by the name of porrigo decalvans;* porrigo being a totally different disease, attended with inflammation and furfuraceous desquamation of the skin. Whereas, in alopekia there is a want of vitality in the affected part, a diminished circulation and innervation, and an unnatural glassy smoothness of the surface. Celsus truly remarks that in alopekia there exists a state of atrophy of the affected skin, so that, in extreme cases, the blood is found to be watery when the morbid part is pricked with a needle. It may, however, be mentioned, in connection with alopekia ophiasis, that this form of the disease may occur on one side of the head, the other remaining sound. Besides, it seems more than probable that Celsus, drawing his description from the worst form of cases that had come before him, may have taken as his type the alopekia of lupus erythematosus, or of elephantiasis Græcorum, both being, in truth, exaggerated forms of alopekia.

The general principles of treatment followed by Galen were: purging, shaving, and the use of local stimulants. Dioscorides recommended tar and tar-water; Pliny, bull's gall with soda, also bear's grease; others, preparations of arsenic; and the Arabians appear to have been the first to introduce cantharides. Plentiful washing with soda, the representative of the modern soap, would seem to have been an universal recommendation among the ancients.

Pityriasis.—"Pityriasis is an eruption of small furfuraceous substances on the skin of the head, or the rest of the body, without ulceration. It is occasioned either by depraved

* "It is probable," writes Bateman, "though not ascertained, that there may be an eruption of minute achores about the roots of the hair, in the first instance, which are not permanent, and do not discharge any fluid."

humours which have been determined to the head, or by a saltish phlegm, or by bilious or melancholic blood." The author recognizes, besides, a "humid" pityriasis.

The pityriasis of the Greeks, derived from *pituron*, bran,—the branny eruption,—is the porrigo of the Romans; the term porrigo having an equivalent meaning, "quia, ut porrum in tunicæ involucra, ita cutis velut in squamas resolvitur." The account of pityriasis, as given by Paulus, is miserably poor, while that of Celsus is excellent. Celsus describes two varieties of the disease,—the porrigo sicca and porrigo humida; and Paulus refers, almost incidentally, to a humid form of pityriasis. In these two varieties of the disorder is involved the identity of the disease with the psora or scabies of the ancients, and with the ekzema of modern authorities. Pityriasis or porrigo humida, is psora or scabies humida, or ekzema ichorosum; while pityriasis or porrigo sicca, is psora or scabies sicca, namely ekzema squamosum chronicum, or psoriasis.

Psydrakia.—"The psydrakia are small protuberances, like blisters, elevated above the skin."

Exanthemata.—"The exanthemata are superficial ulcerations, somewhat red and rough."

"Thick and red ulcers of the head, resembling papulæ or small nipples, from which ichor is discharged," are also spoken of by the author.

Fici.—"We give the name of fici to ulcerous excrescences which are round, somewhat hard, red, and accompanied with pain. They arise, for the most part, in the head, but also sometimes on the other parts of the body."

In the same section with pityriasis, Paulus describes, with most unsatisfactory and provoking brevity, psydrakia, exanthemata, thick and red ulcers, and fici; but more amply, achor and favus. Celsus makes no mention of psydrakia, which are probably the cold pustules—frigidæ pustulæ—the impetiginous pustules of Willan and Bateman; but little can be learnt with regard to them from our author. In like manner, his definition of exanthemata is almost unintelligible, and the more so as, unlike the Roman author, he gives us no illustration of his meaning. Redness and roughness are two qualities recognized as belonging to exanthemata; but speaking of them as "superficial ulcerations" renders the description obscure. So, also, with regard to "thick and red ulcers, resembling papulæ or small nipples," it would be ridiculous to attempt an explanation of what they might be intended to signify. And the description of fici is scarcely more happy; they would seem to have been protuberances caused by granulations.

Achores and Favi.—"The complaint called *achor* is one of those which affect the skin of the head, corroding the skin by small perforations, from which a discharge of viscid humour takes place. The complaint called *favus* is nearly allied to it in appearance, since it consists of larger perforations resembling the combs of bees, containing a honey-like fluid." Subsequently, after treating of encysted tumours, the author, in a special section on favi, observes: "The favus is a swelling on the skin, having perforations through which a honey-like fluid is discharged."

Achor is a term having no synonym in the Roman tongue; and was neither adopted by Celsus, nor is it employed by ourselves at the present day. It would seem to be a small pustule occupying a hair-follicle of the scalp; the aggregation of such separate pustules, together with increased inflammation and swelling, constituting kerion or favus. The Latin term favus is synonymous with the Greek kerion. Celsus uses the latter: "est etiam ulceris genus, quod a favi similitudine *kerion* a Græcis nominatur." Favus, then, or as we should prefer to call it, kerion, signifies honeycomb, and is described by Celsus as well as by Paulus, as consisting of an assemblage of perforations of the skin filled with and exuding a honey-like fluid, and suggesting the idea of a honeycomb filled with honey. The disease is confined to the scalp; the perforations are the hair-follicles; and the integument being swollen up to the dimensions of a tumour, the idea of a honeycomb is more complete. At an early stage of the complaint, before the swelling has become a conspicuous feature, and when the part presents a number of small yellow pustules occupying the mouths of the follicles, and each embracing a hair, the pustules may be, as we believe, rightly denominated achores; and sometimes the disease may stop at this stage without proceeding further, and consequently without going on to the complete development of the honeycomb. Again, at the mature stage of the disease, the hairs have undergone ejection from their follicles, the abundant exudation has become less purulent and more honey-like, and the entire mass more like a honeycomb than at first. This disease has been overlooked by modern authors, and has been described by ourselves under the name of "inflammatio folliculorum capitis suppurans;" * and also under the designation "kerion." When the swelling subsides, the skin is left reddened and bald, and constitutes one of the forms of *scall* of the head.

* "On Diseases of the Skin," sixth edition, p. 765.

Mr. Adams, the learned translator of Paulus Ægineta, was struck by the peculiar characteristics of this disease as delineated by the author, and notably by the admirable account of it given by Celsus; and concludes a quotation from the latter author with the following remark:—"The above account of an affection of the scalp, which we have often met with in practice, is the most accurate to be found in any author, ancient or modern. We are even in doubt whether the complaint be at all noticed in modern works on surgery. It is not to be confounded with the porrigo favosa or scutulata of Dr. Bateman."

With the inconsiderate readiness with which we are apt to apply medical terms to different disorders which bear some resemblance, real or fancied, to a given typical affection, the term favus has been assigned to two other forms of disease. For example, by Paulus, in his section on "fistulæ et favi," wherein he says: "the favus being a fistulous sinus with a milky discharge, must be subjected to the same operation and treatment as fistulæ."

Then we have the disease, also of the scalp, Favus, of which the crust bears some resemblance to a honeycomb; and which has formed the subject of interesting research in modern times, in consequence of the crust being constituted of a phytiform organism. Thus we have two Favi on our hands, totally different in their nature, the one favus being a honeycomb of the skin; the other, a honeycomb of a crust deposited on the surface of the skin; and we might, not ungracefully but very classically, overcome the difficulty by calling the one disease, namely the inflammatio folliculorum capitis suppurans, Kerion; and reserve to the other, the scab, the name by which it is at present known, namely, Favus.

While commenting on the mode of distribution of pathological terms, we may here call to memory the application of the word melikerion or melikeris, literally honey-wax, to one of the encysted or follicular tumours of the scalp. Thus we find no less than four diseases which draw their designation from the honeycomb; namely, Kerion, Favus, Fistula, and one form of encysted or follicular tumour of the scalp.

Passing from the head to the eyes, the author observes:—"*Psorophthalmia* is a scabious eruption of the eyelids attended with pruritus." We learn also that, to a peculiar affection of the mucous surface of the eyelids, the term *sykosis* has been applied. "*Trachoma* is a roughness of the inner surface of the eyelid, an intense degree of which has the appearance of clefts, and is called sykosis." *Madarosis* or *Milphosis* "is a falling off of the hairs of the eyelids."

Under the head of affections of the feet and heels, the author observes:—"Chilblains are ulcerous affections forming about the fingers and toes in the season of winter."

"Whitlow is an abscess forming about the root of the nail. . . . . When a preternatural growth of flesh has taken place, the object is to consume and break it with things that are not of a corrosive nature."

Fourth Book.—The fourth book, treating of complaints which are external and exposed to view, and not limited to one part of the body, but affect various parts, naturally embraces the greater part of cutaneous disorders; and the author proceeds to describe them in the following order:—Elephantiasis; Leprosy; Psora; Leichen; Prurigo; Leuke; Alphos; Exanthemata; Epinyktides; Phlyktænæ; Verrucæ; Herpes; Erysipelas; Phyma; Furunculus; Carbunculus; Encysted tumours; Favi; and Dracunculus.

Elephantiasis:—"Well, in my opinion," he observes, "did Aretæus * the Cappadocian say, that the power of remedies ought to be greater than those of diseases; and that for this reason elephantiasis is incurable, because it is impossible to find a medicine more powerful than it. For if cancer, which is, as it were, an elephantiasis in a particular part, is ranked among the incurable diseases by Hippokrates himself, how much more is not elephantiasis incurable, which is, as it were, a cancer of the whole body?" Then, noting the two principal forms of the disease, he says:—"The reddish elephantiasis is the more mild, or, to speak more truly, the less malignant variety; the others, which are more malignant, being accompanied with ulceration of the whole body and falling off of the extremities. . . . . Wherefore those who are already overpowered by the disease, must be abandoned; but when the affection is in its commencement, so as that none of the extremities have fallen off, nor the surface of the body become ulcerated, nor the hard swellings appeared, and the face merely appears foul, but not altogether unseemly, we must attempt the cure. For not a few, by merely burning the head, have prevented many who were beginning to be affected from being overpowered by the disease. Wherefore, at the commencement of the disorder, we must have recourse to venæsection repeatedly, more especially if in spring, when the complaint is most apt to occur, and has its exacerbations.

* Aretæus flourished in the reign of Vespasian, during the latter part of the first century (about 70 P.C.), and was therefore a century later than Celsus.

After an interval of a few days, say nine or ten, we may purge them with the pottage of colocynth, not once only but frequently, proportioning the dose of the medicine to its strength. Purging with hiera also suits well with them." After giving directions for diet, exercise, frictions of the skin, and the application of external remedies, he refers to the use of chalybeate baths, and among others, of the sand-bath. "The use of the sand of the sea shore has the same effect, and so have all the sudorifics. But since this affection is one of those which are easily communicable, no less so than the plague, they are to be removed as far as possible from cities, and lodged in inland and cold situations, where there are few inhabitants, if this can be accomplished; for so they may descend from thence to surrounding places. This is proper, partly on their own account, and also on account of those whom they might come in contact with. For they themselves will thus enjoy the use of a more commodious air, and they will not communicate the evil to others."

In his commentary on elephantiasis, Adams remarks:— "And here, by the way, we may be permitted to state that we have long been convinced that the syphilis of modern times is a modified form of the ancient elephantiasis." Now, it must be remembered that the ancient elephantiasis is unhappily as common at the present day, in certain countries, as it was formerly in Egypt, and subsequently in Southern Europe and Great Britain; that it prevails at this moment both in the torrid and the frigid zone; that opportunities are not wanting of seeing it amongst ourselves from time to time imported from the East or from the West; and that it has been well studied by physicians of great eminence and ability; but we have nowhere met with an opinion, advanced by these gentlemen, who are familiar with the disease, of any suspected relation between it and syphilis. It is generally believed to be non-contagious; it is not influenced by those remedies which operate on syphilis, namely, mercury and iodine or bromine; it makes no selection of the genital organs in its invasion,—on the contrary, they more generally escape the disease; it is incurable, and it holds its special seat in the spinal cord and nervous system; even when it attacks the skin, seeming in the first instance to destroy the function of the peripheral nervous plexuses, and so induce insensibility and disorganization. In the dermal pathology of Celsus we see evidence of the presence of syphilitic disease among the Greeks, and of elephantiasis being less well understood by them, probably on account of its more recent invasion. In certain parts of Norway, where

the first introduction of syphilis has been recognized, a broad line of distinction is drawn between that disease and elephantiasis.

Lepra et Psora.—"Both these affections consist of an asperity of the skin, with pruritus or wasting of the body . . . Lepra spreads over the skin more deeply in a circular form, throwing out scales which resemble those of fishes. But psora is more superficial and variously figured, and throws out furfuraceous bodies." The author also notes "the more humid kinds of psora."

Lepra and psora are brought together in this paragraph as if they were the same disease; and, indeed, they were so considered by the later Greek writers, and in this relationship have found a place in the compilation of Paulus Ægineta. The term lepra was also applied to the great Egyptian disease elephantiasis. Celsus, being a Roman, omits the use of both terms; he describes elephantiasis as does our author, and he treats of psora under its Latin designation scabies. It remains, therefore, to inquire by what means the two diseases represented by the terms lepra and psora, have been united in the same description, and have been treated of by many authors, particularly the modern, as the same identical affection. The word lepra signifies squamous or scaly; *e. g.*, the verb *lepō* means to strip off the rind or husk; *lepos* is a husk or scale; *lepros* or *leperos* means scaly, scabby, scabrous; while *lepra* is applied to a form of disease which is scaly or scabrous. Psora, a disease well known to the Greeks, the scabies of the Romans, and the ekzema of ourselves, has two principal forms, one of which is moist or humid; the other dry and squamous. Moreover, the disease may exist in either of these two forms, independently of the other; and furthermore, the scales which are thrown off by the dry form may be small and furfuraceous, or they may be larger and squamous. Therefore psora may present itself as a psora humida or psora sicca, and psora sicca, again, may be a psora furfuracea, or a psora squamosa. Now, then, was the time for the employment of an apparently useless word; psora humida and psora sicca were retained to represent the moist and the dry forms of the disease; the furfuraceous form was designated as psora psoriasis or simply psoriasis; and the squamous form as psora lepra or psora leprodes. Moreover, the psora sicca furfuracea of the scalp was distinguished as pityriasis.

In this view of the signification of the term in question, we have an explanation of the application of the names lepra and psoriasis to alphos or lepra Græcorum, or, as we at present term it, lepra vulgaris. Then followed a disquisition as to the

forms of alphos which should be distinguished as lepra, and those which should be termed psoriasis, and with the result that the two diseases must be regarded as identical. Willan and Bateman had already applied the term psoriasis to the dry and squamous stage of ekzema, but had not clearly separated it from alphos, which they termed lepra vulgaris. We, ourselves, made an effort to restore the word psoriasis to ekzema. But Hebra has taken a different view of the case; he protests against the application of the word lepra to alphos; and he designates alphos by the term psoriasis. So that at this moment, that which would be called lepra in London, is termed psoriasis in Vienna; and that which is termed psoriasis in London, is called ekzema chronicum or ekzema squamosum in Vienna.

Nevertheless, it would be easy to simplify the whole matter; namely, by restricting the word elephantiasis to elephantiasis Græcorum; by limiting the word psoriasis to the dry and squamous form of psora or ekzema; and by leaving the term lepra Græcorum to that common form of eruption which in England is at present called lepra, and in Vienna is termed psoriasis.

Leichen.—Leichen "passes readily into lepra and psora; wherefore it requires to be treated by the most desiccative applications." "They call that variety of leichen, *agrius*, which is nowise remedied by moderately desiccative applications, and is exacerbated by more acrid ones."

The author gives us no definition of leichen; and therefore we are bound to infer that he means the papular eruption which goes by that name at the present day. He speaks of it as sometimes occurring upon the chin, which statement raises a doubt as to whether he may not be referring to mentagra. His introductory observation that leichen passes "readily into lepra," leads to the conclusion that by lepra he means psoriasis: to mean, by lepra, alphos, would render his assertion absurd. That leichen passes "readily into psora" may be admitted without hesitation, for psora is ekzema, and its chronic form is psoriasis; and leichen agrius is, in other words, leichen ekzematosus. There is good reason for believing that alphos (lepra Græcorum) was termed leichen by some of the Greek authors; and if resemblance only be regarded, that is resemblance to the leichen of trees, the name was very appropriate.

That the author really referred to mentagra when speaking of the occurrence of the eruption on the chin seems proved by the commentary of Adams, who notices "the singular disease of the face which prevailed in the Roman empire during the reign

of Tiberius, called *mentagra* by Pliny in his curious description of it, but which he says was named *leichenes* by some. He represents it as a contagious disease, which was readily propagated by kissing. It attacked principally the higher class, the lower and middle ranks, and women, having generally escaped it. The seat of it was commonly the chin, but it sometimes spread over the whole face, and affected even the neck, breast, and hands. The only means of cure was burning with caustics down to the bone." Like its modern representative sykosis, it would appear to have been a most "intractable" disease.

Celsus does not employ the term leichen, but he describes a similar pathological form of disease under the title of "papulæ."

Pruritus vel Prurigo.—"The prurigo occurring in old age is not to be thoroughly cured, but may be alleviated;" "that which arises from a cacochymy in other ages is to be cured by evacuation." Having ascertained the quality of the humour which gives rise to it, which may be "known by attending to the age, temperament, diet, season of the year, situation, and the like. If, therefore, it appear to prevail in the blood contained in the veins, we must begin with, venæsection; but if it offend rather by its quality, we must evacuate it by corresponding medicines, and turn our attention to external applications." The local treatment consists principally in the application of pretty strong detergents while the patient is in the bath. One of these is the following:—"Bruise three ounces of pure and very white rice, and, having strained, triturate with strong vinegar until it become of the thickness of the sordes of the oil in baths; and adding separately, of sulphur vivum pulverized, one ounce, and mixing properly, use in the bath with much friction. Where there is a redundance of humours, it will be better to mix the ingredients in equal proportions."

Prurigo is not described by Celsus as a substantive disease; but the word is used in the modern sense of pruritus, and is recorded as a sign of great danger in women in the puerperal state: "Æque magnum malum est, ubi torpor atque *prurigo* pervagantur, modo per totum caput, modo in parte."

Leuke.—"Leuke is a change of the skin to a white colour." "Since all the kinds of leuke are not curable, you may form a diagnosis of it in this manner. Pierce the leuke superficially, not deeper than the skin, with a needle, and if blood flow, the complaint may be cured; but if a milky moisture be discharged, it is incurable. Or, rub it with a rough woollen rag, and if the part become red, the complaint may be cured; but

if it remain of the same colour, it cannot be cured. And those kinds which attack a great part of the body are to be supposed more difficult to cure than those which are confined to a small space, and old cases than recent. Some, therefore, in leuke, have approved of burning by iron, consisting simply of the application of heat. Others, dreading the pain of burning and the scar arising from it, as being no less unseemly than leuke itself, have had recourse to escharotic medicines, such as, they say, will produce a scar of the natural colour. Others, rejecting all these things on account of the difficulty of the application, have used dyes (paying more consideration to the deception than the utility which they produce) which are, of all others, most to be rejected, owing to the speedy renewal of the affection."

Two morbid conditions are pointed at in this description: the one a mere defect of the natural pigment of the skin,—leukasmos; the other a state of total disorganization, to such an extent that friction excites no blush, and pricking with a needle produces no blood. The latter is the true leuke, the disease to which we have limited the use of the term morphœa. These are probably the leukai, the white spots of the Jewish leprosy, that produce white hair, if indeed they be not wholly bald.

Alphos et Melas.—"The formation of alphos is similar to that of leuke; but the latter produces a deep change of the skin, so that the hairs grow of a similar colour, whilst the alphoi affect the skin superficially, except that, when continued, they extend more deeply, so that the hairs grow white, owing to the humour which causes it."

We hardly recognize in this dwarfed and uncharacteristic description, the lepra vulgaris of Willan and Bateman; and yet this is the disease in question. It is a mistake to compare it for an instant with leuke; for in leuke the whiteness is in the skin, in alphos it is in the cuticle only; in the general white and silvery appearance of the scale. Celsus is immeasurably superior to Paulus in the description of alphos; and melas owes its discoloration to slower circulation through the patch in a weaker condition of the tissues and constitution of the patient. Paulus Ægineta, having already committed himself to a description of alphos under the name of lepra, can no longer recognize it in its proper place.

Exanthemata.—Paulus is very indefinite in this section, and gives no idea of what should be understood by the term. "Exanthemata are formed by thick humours impacted in the skin, and more especially if the cuticle be thick. In these cases, then, even if the humours are deep-seated, they must

be first purged away; for unless you do this in the first place, before attempting to dispel them, you will only impact them the more firmly, instead of evacuating them by the skin." Celsus is clearer and more precise than Paulus Ægineta in his notice of exanthemata: he assumes as the typical appearance of the eruption, the sting of the nettle, and adduces as an example of the affection, the eruption which accompanies excessive sweating, namely, miliaria.

Epinyktides.—"Epinyktides are small ulcers breaking out spontaneously on the skin, in the form of bullæ, reddish, and when broken discharging a bloody ichor. These are not very troublesome during the day, but at night they are more painful than the smallness of the ulcer would bespeak." The author recommends in the treatment, "levigated hemlock;" and the leaves of "henbane" triturated with honey: "all acrid, acid, and saltish things, also fomentations, baths, and insolation" are to be avoided. Adams remarks that the Arabians term epinyktis, the "benat noctis," which means "filia noctis."

Epinyktis is a sero-pustule, which appears to correspond with the pemphigus infantilis of Willan; but its nocturnal habits are not noted by the English author. What the nature of those nocturnal habits may be seems an unsettled question. Celsus says that it has received its name from *arising* in the night; but Paulus Ægineta attributes its designation to the being *more painful* at night than during the day. Paulus follows Celsus in the figure which assigns to its pain an estimation greater than that of its size. The Arabians seem to have borrowed their idea of the disease from Celsus.

Phlyktænæ seu Bullæ.—"As bullæ, when they burst spontaneously, are attended with acute pain, it is proper to perforate them at their underpart with a sharp needle, and then to squeeze out the humour gently, suffering the skin which covers it to remain. And if the wound should close up, and the bulla fill up, it is to be evacuated again in like manner and pressed out, and the incumbent skin is to be kept pressed down until the ulcer below be healed." In the paragraph on phlyktænæ and bullæ, the author waives all attempt at description of these affections, and goes at once to their treatment; he evidently takes it for granted that his readers understand sufficiently well the matter to which he refers; and in this, as in many other affections, he addresses himself to the remedy. He might, we think, have done better service to pathology if he had taken a little more interest in the description of disease. Celsus gives a fair account of phlyktænæ, but does not mention bullæ.

Herpes.—"When yellow bile, unmixed with any other humour, is fixed in a part, the affection is called herpes; but if it is thicker and rather acrid, it ulcerates the whole skin as far as the subjacent flesh, and is called herpes exedens; but if it is thin, less acrid and hot, it raises small blisters on the surface of the skin like millet-seeds, and hence has been called herpes miliaris." The author also mentions "herpes phlyktænodes" and "herpes under the skin." Herpes is a term not employed by Celsus; Paulus Ægineta includes under it the phlyktænæ of Celsus and the miliaria which Celsus refers to exanthemata. But besides these slighter pathological affections, Paulus gives in addition herpes exedens, which is one of the synonyms of lupus at the present day. Herpes exedens appears to be described by Celsus under the name of ignis sacer.

Erysipelas.—"Galen giving the name erysipelas more especially to the swelling formed of a hot and thin blood, to that which is formed of both blood and bile, he applies an appellation from the prevailing humour, calling it erysipelatous inflammation when blood prevails, and inflammatory erysipelas when yellow bile prevails. . . . But it is proper to know that erysipelas is a most dangerous disease, more particularly about the head; so that if active treatment be not resorted to, it will sometimes prove fatal to the patients by suffocation. At its first appearance, then, we must open a vein at the elbow, especially the humeral, or, if it cannot be seen, any one that appears. But if anything prohibit venesection, we must have recourse to purging by chologogue medicines. The same treatment may be applied to erysipelas of other parts, or we may administer strong clysters. And we are to rub the parts affected by erysipelas with cooling things, in order to repel the defluxion, and with moderately heating and moistening things, so as to dissipate that which is collected, before the parts become livid or black; but the parts which are anointed are to be kept constantly in a wet state, by frequently changing the applications, which may be done by cleansing them with soaked sponges; for the heat of the part, by converting them into vapour, soon renders it dry."

It is remarkable that neither Celsus nor Paulus speaks of the bullæ of erysipelas. But the Arabian physicians make them a prominent character: thus Alsaharavius divides erysipelas into three varieties, of which one, *Erysipelas inflativa*, "arises with a sudden swelling, and blisters, like those produced by fire." And Rhases remarks that "vesicles, like those from burning, often arise on the part."

Phyma et Phygethlon.—"According to Galen, phyma, bubo, and phygethlon are affections of the glands . . . . phygethlon, an inflammatory erysipelas, or an erysipelatous inflammation of a gland; and phyma, an inflammation of a gland passing rapidly into suppuration." But, according to others, all tumours of the nature of apostemes, which arise in any part of the body, are called phymata. For Hippokrates says, "Those in whose urethra phymata form are relieved when they suppurate and burst. Wherefore those buboes which are occasioned by accidents, either ulcers or pani, are not dangerous; but those which occur in fevers, more especially in the pestilential, are of a very bad description, whether they are formed in the groins, the armpits, or neck."

Phyma, according to Celsus,—and Galen, being subsequent to Celsus, there seems to be no good reason for departing from the earlier definition of the term,—is a cutaneous abscess, and therefore, although it may be occasionally associated with an enlarged gland, has no especial glandular origin. The term phyma is derived from *phuo*, to bring forth, to grow, to spring up; the word "tumour" would be its fitting representative; or in Latin, *tuber* and *vomica*. The quotation from Hippokrates given by Paulus, applies obviously to an aposteme or abscess; for neither boils nor enlarged glands are likely to be formed in the urethra.

Phygethlon was the term applied to an abscess associated with a glandular swelling; such as not unfrequently occurs in the axillæ; while a glandular tumour in the groin was bubo. The Roman physicians called the phygethlon, panos or panus, from a certain resemblance to the form of the loaf of bread in use among the Roman people.

Furunculus.—"Furunculus is an apostematous swelling, formed of thick humours in the fleshy parts of the body most especially; being mild when it is formed in the skin only, but of a malignant character when it rises up from a deep-seated part."

There is nothing in this description to identify the furunculus as we know it at present. The author creates unnecessary confusion by associating the common boil with the malignant boil; and omits altogether the core of the boil, which is so important an element of its pathological structure. The description of furunculus by Celsus is infinitely superior to this of Paulus.

Terminthus.—"Oribasius says that terminthus is a species of phyma, but that a dark bulla lies over it, which having burst, the part below appears as if excoriated, and when it is divided, the pus is found. But Dioscorides of Alexandria says

'Terminthi are eminences formed in the skin, round, of a dark green colour, like the fruit of turpentine.'"

Celsus is so clear in his definition of phyma, that there cannot exist any doubt as to his meaning; he says:—"Phyma is a tumour something like a boil, but rounder, smoother, and often larger;" and he further describes it as being less painful than a boil, as being filled with pus, and having no core. In all these data we recognize an abscess. Now terminthus is possessed of a core, and is therefore a kind of boil, or rather carbuncle; and Oribasius, in calling it a species of phyma, employs the latter term in a generic sense, namely, as representing a tumour. Hippokrates used the word with a similar signification; and so have modern writers. Willan adopted the word phyma as a genus, in which he assembled Terminthus, Epinyktis, Furunculus, and Carbunculus. Terminthus is, in reality, a carbuncle of small size, of which the core or slough embedded in the inflamed tumour, bears some resemblance, both in colour and figure, to the cone of the turpentine-tree, the *Pinus Abies*. The term is at present disused.

Carbunculus seu Anthrax.—Carbuncles "are sloughy ulcers for the most part beginning with bullæ, like burnt parts, but sometimes without them; and the patients at first rub the part for its itchiness, whether one bulla is formed or several small ones like millets, which, having burst, a sloughy ulcer takes place, resembling those occasioned by cauteries; the eschar being sometimes of a cineritious colour and sometimes black, along with its being fixed to the base, and in a certain manner nailed to it, and it spreads at the same time, the surrounding flesh is in a fiery state, black in the colour, and shining like bitumen and pitch. Such is the true black bile. But carbuncles that form in the flesh are speedily circumscribed; whereas those which take place in membranes or nerves* remain long, and affect sympathetically the parts below, so as to give origin to erysipelatous inflammations. Not a few terminate in suppuration, and most cases are attended with fever."

"Carbuncles also sometimes arise from epidemic causes. We must treat them, unless they are very small, by venesection, carrying evacuation as far as to occasion deliquium animi; and after venesection it will not be improper to make deep scarifications in the part, on account of the thickness of the humour. To the affected part we may apply such things as are moderately repellent and discutient."

* The tendons were called nerves by the ancients.

Struma.—"Strumæ are indurated glands forming principally in the neck, armpits, and groins."

Atheroma et Melikeris.—"These things," including steatoma, "belong to the class of apostemes . . . and each receives its peculiar appellation from the substance contained in the tumour. Thus one of them is like fat, another like honey, and the third like pap. The indication of cure in them all is to discuss the contents, produce the putrefaction of them, or to cut them out. Some tumours fall under all these three indications of cure, namely, those which contain a thin fluid, as the melikeris; others come under two of them only, as the atheroma, for it can only be cured by excision or putrefaction. But the steatoma admits of no cure—except by a surgical operation, for it can neither be discussed nor made to putrefy."

Thymi (female pudendum).—"The thymus is an excrescence sometimes red, but sometimes white, for the most part without pain, and resembling the clusters of thyme."

Pterygia.—"The pterygium is a fleshy excrescence about the nails, covering part of the nail, and being commonly formed in the large fingers and toes. But those in the feet arise most commonly from an accident; whereas those in the hands arise from whitlow, the inflammation being neglected and turning to pus. For, the pus being allowed to remain, corrodes and corrupts the root of the nail, and often destroys the whole of it, but generally the one half, while a portion of it uncorroded is left at the root of the nail, and sometimes the whole root is left uncorroded. Sometimes, too, it corrupts the bone, when a disagreeable smell arises from it, and the extremity of the finger becomes swelled and appears livid. They are to be treated, then, by cutting and removing all the remaining part of the nail with the point of a scalpel, and then burning both the ulcerated and cut part with cauteries. For, the pterygium is a spreading disease and does not stop unless burnt; so that, if neglected, it affects the whole finger. If, while the nail and bone remain sound, the inner angle of the nail sink down and pierce the adjacent flesh, it occasions inflammation; and in this case the irritating portion is to be raised upon a thin probe, or some such thing put under it, and removed with the point of a scalpel, and the excrescence eaten down with an escharotic medicine. And most cases are cured by being treated in this way. But, if larger, it is first to be cut out with a scalpel and then the medicine is to be used." An escharotic in favour with Paulus, is one composed of "equal parts of arsenic and manna," which should be sprinkled on the fungous mass.

Clavus.—"The clavus is a round callus, white, resembling

the head of a nail, and occurring in all parts of the body, but more especially on the soles of the feet and the toes, occasioning pain and lameness in walking. Wherefore, having scarified around the clavus or corn, and taken hold of it with a forceps, we cut it out by the roots with a sharp-pointed scalpel or lancet for bleeding. Some, in order that they may not grow again, use heated cauteries. . . . It may be removed in the course of some time by paring away the prominent part of the corn constantly with a scalpel, or rubbing it down with pumice. The same thing may be done with callus."

MYRMEKIA "is a prominence of the skin, small, callous, round, thick, spreading deep at the base, and if rubbed occasioning a sensation like the bite of ants, and being formed in all parts of the body, but more especially in the hands. Wherefore some, among whom is Galen, advise us to scarify around the myrmekia with the stalk of a hard feather, such as those of old fowls, of geese, and of eagles, and to push it down, so as to remove the myrmekia from the root. Others do the same with a copper or iron tube. The moderns are satisfied to scarify around it, and having seized it with a forceps, to cut it out like corns with a scalpel." Adams observes that the myrmekia "is generally rendered *formicaria* by the Latin translators of the Greek medical authors, and *formica miliaris* by those of the Arabians."

AKROCHORDON.—"The akrochordon is a small rising of the surface, free of pain, callous, for the most part round, and having a narrow base, so as to appear to hang. It is so called from its resemblance to the end of a cord. Having stretched out the protuberance, then we may cut it out; or, otherwise we may tie a thread or a hair round it. I have known many who consumed this, and all the aforementioned protuberances, with what is called the cold cautery."

NOTES ON DERMATALGIA.

By H. S. PURDON, M.D., L.R.C.P.E., Physician, Belfast Dispensary for Diseases of the Skin; Assistant-Physician, Belfast Charitable Infirmary.

DERMATALGIA, or neuralgia of the skin, is often associated with hysteria, when it is observed most frequently affecting the left side of the body, as manifested by increased sensibility to touch. This complaint may also arise from exposure to draughts of cold air, rheumatism, or de-

rangement of the uterine functions. Dermatalgia is generally limited to one spot; but in the hysterical variety, met with in females, the pain and increased sensibility to touch may be erratic, thus invading a large extent of surface. The following case, which is very briefly recorded, probably arose from exposure to cold.

Lawrence Monro, aged 30, admitted at the Dispensary for Skin Diseases, Nov. 14th, 1868, complaining of exalted sensibility to touch, tingling, and occasionally severe neuralgic pain in the "crown of his head," attributes the affection to cold, has been troubled, more or less, with the disease for the last three months. The pain is sometimes intermittent, and worse at night. In appearance he is not strong-looking, but thin and pale. General health pretty good; bowels usually constipated. The treatment adopted was giving a pill, containing podophyllin, compound rhubarb pill, and extract of Indian hemp at night, to get the liver and bowels regular, and the bromide of ammonium and potassium, in doses of ten grains, thrice daily. In the course of a fortnight, as he was no better, I had a blister applied to the painful part; after the removal of which a little morphia was sprinkled over the raw surface. Internally he was ordered large doses of carbonate of iron; which remedy, probably, in conjunction with the blister, cured the disease.

In the variety of dermatalgia attributed to rheumatism, the affection is usually limited, in patches, which may become erythematous. The pain is often associated with vascular disturbance, such as partial congestion; and is sometimes periodic, corresponding to the distribution of a cutaneous nerve, probably due to an inflammatory condition. When the pain is fixed and permanent, the sufferings of the patient are sometimes very severe. This variety, according to Damon,* is due to a "morbid condition of the sensory apparatus of the skin, and which not only appears to be increased in dermatalgia, but there seems to be a veritable multiplication in the 'points endowed with tactile sensibility.'"† Dermatalgia, as in the case recorded, is frequently observed attacking the head, or other parts covered with hair, such sites being favourite situations. In the hysterical variety the affection is said to be due to "spinal irritation;" and, according to Trousseau,‡ in neuralgia there is always tenderness, on pressure, over the

* "On Neuroses of the Skin," p. 8.

† *See* Axenfeld "des Nervoses," Paris, 1864, p. 235.

‡ "Clinical Medicine," translated by Dr. V. Bazire, vol. ii. p. 481.

spinous processes of the vertebræ, accompanied by cutaneous hyperæsthesia at the point of exit of the nerve-trunks. The following case was connected with hysteria, arising from retroflexion of the uterus.

Mrs. M'W——, aged about 26, of a highly nervous and excitable temperament, consulted me on December 2nd, 1868. About three months since she was confined of her second child, the labour being natural. When seen by me she suffered from retroflexion of the uterus (which she attributes to rising too soon when in a weak state of health), as also the "globus hystericus," flatulence, irritability, occasional fainting, and tingling and neuralgic pain in the hands and feet, which she sometimes could not bear to be touched. The treatment adopted was, replacing the uterus, and wearing a suitable pessary, astringent injections, and a pill, containing valerianate of zinc, quinine, and compound galbanum pill, thrice daily, was prescribed; followed by tonics, as salicine, which, in some cases, acts better than quinine.

According to Marcè,* severe and long-continued dermatalgia is one of the first symptoms of commencing myelitis. I have observed this affection, neuralgia of the skin, confined to the hands in a case of cerebro-spinal meningitis.

In some cases the bromide of potassium is useful; and oxide of zinc, in doses of two grains, thrice daily, is occasionally beneficial, especially in the hysterical variety. To relieve the pain, and procure sleep at night, the solution of the bimeconate of morphia is an admirable preparation, and locally either belladonna, or aconite and opium liniment, may be used.

Trousseau,† writing on cutaneous hyperæsthesia, informs us that the acuteness of the sensation varies according to the individual conditions, difficult to appreciate. It is dull in some, in others exalted. In those regions where the nerve-trunk, from being deep-seated, becomes superficial, as in the case of the external popliteal, and the internal saphenous nerves, the track of the painful nerve may be followed with the tip of the finger, as far as its cutaneous expansion. In the case of intercostal nerves the pain spreads over a considerable area, instead of being circumscribed. These nerves, at their exit, break up immediately into numerous branches.

* "Des Altérations de la Sensibilité," p. 14.
† "Clinical Medicine," translated by Dr. V. Bazire, vol. ii. 481.

TWO CASES OF ICHTHYOSIS. By J. L. Milton, Surgeon to St. John's Hospital for Diseases of the Skin.

Case I.—A. L. L., aged three, residing at 5, Clifton Street North, Finsbury, entered as out-patient at St. John's Hospital, July, 1865, with general ichthyosis.

The skin of the face was of a brownish red, and but for its singularly cracked appearance, and for the thin figure of the child, she would have had the look of very high health. The skin, however, was superficially fissured in every direction, and the child looked attenuated. From head to foot the epidermis wore the same dry, cracked, harsh appearance, in many parts looking almost as if it had been recently dusted with flour. On the arms and legs the skin was almost of the colour of Bath-brick dust. About the lower parts of the legs it was remarkably harsh, and round each ankle ran a belt formed by elongated and enlarged, warty-looking, hard, dry papillæ. These were most numerous, and largest directly in front of and behind the ankle, the largest being as big as a good-sized pea. The child seemed of a most excitable temperament, with a thin, shrill voice. She has never been seen to perspire except on the forehead. She is very subject to coughs and colds, but in other respects enjoys very good health.

It appears, from the mother's account, that she noticed nothing particular the matter with her daughter at birth, but that within a month after the skin peeled off, and the cuticle which succeeded it was dry, harsh, and cracked, like that often seen on the hands of persons who have washed them in cold water during winter. This state of things seems to have gone on getting worse till the patient had ended her second year, by which time the ichthyosis had pretty well assumed its present form. At this time she was placed under the care of a gentleman whose treatment afforded her some relief; but the abatement in the disease was only trifling and of very short duration. After this it began to get speedily and steadily worse, till it had reached the aggravated form in which I found it.

The mother says that no member of the family on her side ever suffered from the disease, but that the father and his brother are both afflicted with it. I examined the father, and found very decided ichthyosis on the back of the arms, and in the shape of a broad band extending and sloping irregularly downwards from between the shoulders quite round the abdomen, the greatest part of which it covered, while it was much

narrower on the posterior surface of the body. The skin here is dry-looking, hard, rough, fissured and dotted, and of a very pale yellow hue. There is no other part of the surface affected, but he thinks the skin of his hands is much rougher than it ought to be, and in cold weather it soon gets very dry and chapped. He has never been treated for the complaint, and has never noticed any change in it. He has felt no inconvenience from it, and has never suffered in any way from ill health. He tells me that the affected surface perspires the same as other parts, and that when he perspires much the skin here peels off a good deal. The mother states that his twin brother is affected in the same way and at the same part; but I have had no opportunity of verifying the fact. Two other brothers, who are also twins, and a sister, are quite free from the disease.

The little patient was ordered three-minim doses of liquor potassæ arsenitis three time a day, at first alone, but subsequently accompanied by an occasional dose of calomel or grey powder. The arsenic, however, was principally trusted to. It seemed on the whole to agree very well with her, and she took it very regularly up to December, when the dose was increased to four minims three times a day, and again in February, 1866, to about four minims and a third. This was continued, and though during the latter part of the spring and the summer the medicine was remitted for a few days out of each month: this was done with great regularity, and the patient's attendance was most satisfactory. In the autumn, however, the child lost her appetite and her tongue became coated. It was therefore thought better to suspend the administration of arsenic and give an acid and bitter till these symptoms passed off. It was, however, resumed in the following January, and the month after, the use of small doses of mercury was again resorted to. These remedies were persevered in during the spring, summer, and autumn of 1867, when they were again given up, in consequence of loss of appetite, and the dilute nitric acid and quassia were substituted. In November recourse was again had to the arsenic, which was now given in the form of solution of the chloride, and in rather smaller quantities. It was not, however, taken very regularly, on account of her being a good deal troubled with cough and sometimes feverishness. In March, 1868, it was again given, and continued for the next six months, generally for about ten days in each month, after which she again took the acid and bitters.

Up to February, 1868, she had experienced a certain but slight improvement. The skin was decidedly softer, smoother, and healthier; still, there seemed little prospect of any great

amendment; but at this time I resolved to put some local treatment in force, and after some trials I found reason to believe that the external remedies now to be mentioned would possibly be of service. As I have been asked what was the composition of these applications, I give the formulæ.

The child was placed in a warm bath containing a scruple of carbonate of soda to three and a half gallons of hot water, and immediately after the bath the following ointment was rubbed over the whole of the affected surface, and allowed to remain in contact with it till the next bath was taken :—

R. Potassii Iodidi ℈j. ; Olei Pedis Bubuli, Adipis purificati āā ʒss. ; Glycerini ʒj. M. Fiat Ung.

The action of these was very rapid, and perceptible to the most uninstructed observer. In a few weeks all the more evident symptoms of the disease had gone, and by the end of six months an apparent cure of the disease in most parts of the skin had been effected. At the present time the skin of the face is red, and on the nose slightly cracked; that of the hands and arms and body is quite natural, and when I last examined her, I should have had no hesitation in saying that a person unacquainted with her history would never have imagined that she had had ichthyosis. The only places where evident traces of the disease can now be said to linger are the legs from the knee to the instep; and even here all that is seen is a dry, rough, brownish state of the skin. The warty growths have quite disappeared.

Case II.—Julia J., a middle-sized, slender, pale young woman, entered at St. John's Hospital, October 24th, 1868, suffering from ichthyosis of the same form as in the preceding case. It extended over the back of the arms, the lower part of the back, and over great part of the lower region of the abdomen. From the upper part of the front of the thigh to about three inches above the knee, the disease was quite perceptible; but it existed here in a very mild form. It was, however, very fully developed from about three inches above to about three inches below the knee, where it disappeared, with the exception of a patch on each instep. She does not recollect having ever perspired, except occasionally during some of the hottest days of last summer. The disease has existed as long as she can remember. She has always enjoyed good health. I asked her to inquire if any of her relatives had ever suffered from this affection, and she did so; but the answer was that neither her father nor mother knew of any such thing having been seen in any member of their family.

She was at once placed on the solution of the chloride of arsenic,

of which half an ounce was given weekly, in doses of rather less than five minims three times a day, to be taken either with or directly after her food. On the 17th of November soda baths of the same strength as in the preceding case were ordered, accompanied by the daily use of the same ointment, and with the same effect. When last seen, February 2nd, the disease had disappeared, except that on the lower and front part of each knee a small wrinkled patch was seen. It may therefore, I think, be legitimately inferred that these remedies are capable of producing a certain amount of benefit in ichthyosis, and I have ventured to place them before the readers of this Journal, because I consider carefully-detailed cases and experiments as the only foundation on which a really useful and progressive system of treatment can ever be based. Without such muniments, therapeutics must ever tend to sink into routine or empiricism. They afford the only certain test as to the comparative value of remedies, and as to whether they have or have not been judiciously employed. One man succeeds with means which fail in the hands of others, who want the industry and judgment to use them as they must be used to insure a fortunate result, and who perhaps do not always wish to succeed. But a clear and detailed history places both on a level, and gives no vantage-ground to the prejudiced and slothful. Convictions and tenets, the results of individual experience and the secrets of practice, too often die out with those who knew and taught them, but cases are always of value. A case related by Hippokrates or Celsus might perhaps be welded into some nineteenth century system of medicine, and those recorded to-day may find their fitting place a century hence.

Nothing was observed in either instance which seems in any way calculated to throw light upon the pathology of the disease. As in all the cases I have seen, the frame was slender, the bones were small, and the muscular system very sparingly developed. There was nothing amiss with any other function or secretion that I could make out. In the case of the younger patient the urine passed during twenty-four hours was collected and examined; but there was nothing abnormal either in the quantity or the contents: no albumen was seen, nor was there any excess of bile. An ounce was boiled down, and the residue calcined in a Berlin porcelain crucible, yielding gr. $1\frac{4}{5}$ of white ash. Under the microscope, spindle- and horn-shaped crystals of uric acid were seen, but nothing else was made out.

We have here an instance of the same affection appearing in the father and child. Should this child live to marry, it is

possible, even probable, that some of her children, if she have any, may suffer in the same way; after which, judging from the average of such histories, its disappearance may be predicted. In so far then as the term can be considered to express such a peculiarity or coincidence, the disease may be called hereditary, just as lepra or gout might be so designated. But the word hereditary is employed in two very different senses from this, and each of these meanings again differs widely from the others. By some it is used as though it cleared up some mystery or explained the phenomena of disordered action. Such a solution may satisfy the mind of an inquisitive patient; indeed, most persons seem considerably relieved when told that their complaint is hereditary; it might almost be imagined that the announcement had freed them from the burden of some crime. But it is difficult to see how persons acquainted with pathology can suppose that any light is thus thrown upon the nature of diseased actions. Again, Mr. Darwin, if I understand him rightly, and certainly some of his followers, speak of hereditary affections and malformations as though they possessed such an irrepressible tendency to perpetuate themselves, that in course of time they must constitute species or varieties of the human race. But it is evident that with such a tendency one of two things must ensue. Either, when a disposition of this kind has once manifested itself, the offspring of those so affected must die out, and the appearance of any hereditary disease or malformation must be accordingly considered as the harbinger of more or less speedy extinction; or they do not die out, and the abnormal phenomena are continued from generation to generation. Then, inasmuch as many of these affections are of sufficient antiquity to have been coeval with many generations of men, unless we assume that the presence of one disease or malformation secures the sufferer and all his future descendants against any other, of which there is no proof, it is evident, when we consider how often such affections spring up spontaneously, that, comparatively speaking, very few families can have escaped them all, while numerous families must have passed through many ordeals of this kind, that in course of time these affections must so have increased in number and complexity, as to have produced a tolerably numerous race of monsters, such as the world never yet saw, and whose power to exhibit complications of disease and deformity could be only bounded by the extent of surface on which these abnormal phenomena could develop themselves. Yet this is not exactly the case. On the contrary, although throughout a large portion of England we find that in rural

districts, where we can more readily and surely trace local and family history than we ever can in cities and towns, some families have always so multiplied as to outnumber others, yet we have still to learn that a race of six-fingered or ichthyotic, of gouty or leprous people have anywhere established themselves; although such ought to have been the case, for these affections spring up, *cæteris paribus*, as often in a valley or a village as in the fœtid courts and by-streets of London, and stand just as good a chance of being inherited in the one case as in the other.

ON THE USE OF AN IMPERMEABLE DRESSING FOR THE TREATMENT OF EKZEMA. By ALFRED PULLAR, M.B. and C.M.

IN the local treatment of ekzema and allied cutaneous affections various methods have been adopted with the view of fulfilling the following indications:—the removal of diseased products; the protection of the inflamed surface; the promotion of secretion; and the regulation of temperature. Thus, according to the various stages of the disease, such curative agents as baths, water-dressing, and ointments, are employed with more or less favourable results.

The method of local treatment first brought into notice by Professor Hardy at the Saint Louis Hospital in Paris, consists in covering the diseased parts completely with vulcanized india-rubber cloth (*toile caoutchouquée*). The material used for this purpose is ordinary cotton cloth covered with a solution of caoutchouc and subsequently vulcanized: by this means it is rendered impermeable to watery fluids, and acquires on one side a smooth surface.

The therapeutical effects resulting from a covering such as that described would seem to depend essentially upon two conditions. *First*, the exclusion of the air. As it has been proved by experience that the influence of the atmosphere increases the inflammation of the diseased surface, its complete exclusion fulfils an important indication in the treatment: this is accomplished by the india-rubber covering, which also protects the abnormally sensitive skin from variations of temperature. *Second*, the retention of the secretions of the skin. These—exuded in considerable quantity, and *unchanged* by the atmosphere—are retained in contact with the skin, and seem to act by relaxing the inflamed structures.

Whilst visiting Hardy's wards at the Saint Louis Hospital, I had the privilege of seeing several cases of ekzema treated by this means (these cases being chiefly ekzema of the limbs in old people). The impermeable dressing was so applied as to cover completely the affected parts, and was removed, from time to time, in order to be cleaned and re-applied. Under this treatment, the painful symptoms of the disease were greatly relieved; and the morbid surface gradually assumed a more healthy appearance.

This treatment has also been adopted by Professor Hebra, not only in ekzema, but in lepra, ichthyosis, tylosis, pityriasis, prurigo, and variola. His observations, recently published in the *Archiv für Dermatologie und Syphilis*, afford an interesting record of the results obtained in the above-mentioned diseases. With regard to the mode of action of this impermeable dressing, Hebra remarks that it is somewhat similar to that of a continuous warm bath, the fluid of which, however, differs from ordinary water, inasmuch as it is the accumulated secretion of the skin; the diseased surface being thus subjected to the prolonged influence of maceration. And as *sulphur* constitutes an important ingredient of the vulcanized cloth, he is inclined to attribute to it some curative influence.

Ekzema in its various degrees, from *E. squamosum* to *E. impetiginosum*, has been treated by this method. In order to suit the requirements of particular cases, Hebra has had gloves, stockings, caps, and even entire garments prepared from the vulcanized cloth, and adapted to the locality of the disease.

The method and its results are thus described:—

In every case the *smooth* side of the cloth was applied to the skin: in some cases we had previously removed the products of the disease, as crusts, scales, &c.; in others, we applied the cloth upon these for the sake of experiment. On the removal of the covering after 12 to 14 hours, it appeared very wet, often quite soaked; and the fluid, which had collected on the surface of the skin in considerable quantity, emitted a more penetrating odour than the perspiration of the feet. The skin itself, however, when freed from the masses lying on it (which had been softened by the integumentary secretion), was odourless, reddened, more or less deprived of its epidermis, moist and shining.

The feeling of the patient during the application was not uncomfortable, and neither itching nor pain was present. After the removal of the dressing, itching generally appeared immediately, and when this was not renewed,—say within half an hour,—also pain and tension, on account of which the patient desired the rapid renewal of the dressing. If the treatment were continued in this manner, the entire series of morbid phenomena,—moisture, redness,

itching, and pain, gradually disappeared; in many cases the ekzema was cured in two months.

Such is a short *résumé* of the experience recorded by Hebra.

In considering the results obtained by this treatment, we must not overlook the favourable hygienic conditions under which hospital patients are placed; for, although many cases of ekzema depend upon local causes, the cure is doubtless accelerated by rest and suitable diet.

The beneficial effects attending the use of the impermeable dressing are such, however, that we may give it a place, at least, amongst our remedial measures. But there are the objections to such a dressing, that it is cumbersome and inconvenient, especially so for patients desiring to follow their usual avocations during the treatment. If we can accomplish, by lighter and more elegant applications, the same amelioration of the symptoms and also the *cure* of the disease in as short a time, it is difficult to see any peculiar advantages in the new method.

According to the experience of our English dermatologist, Erasmus Wilson, the simplest and yet the most efficient impermeable dressing that can be applied to the skin is—"a thin stratum of oil." This cannot be better attained than by the use of an ointment properly prepared; and I need only refer to that most useful of ointments—the benzoated oxide of zinc,—the peculiar merits of which have so long been recognized in the treatment of ekzema, as well as of other inflammatory conditions of the skin. In reference to this remedy Mr. Erasmus Wilson ("Diseases of the Skin," 4th edition, page 73), writes as follows:—

> The benzoated ointment of oxide of zinc properly prepared is the most perfect local application for all chronic inflammations of the skin that is known. It is cleanly and agreeable, of a cream-white colour, not diffluent and oily like other ointments; and it has a tendency to concrete upon the skin, and constitute an artificial cuticle to an irritated and denuded surface. It is rendered further acceptable to an inflamed and heated skin by the addition of spirits of wine, in the proportion of a drachm to the ounce, or, if preferred, spirits of camphor. The mode of application of this and other ointments is a matter for attention: it should be gently rubbed upon the eruption with the finger, or, if the diseased skin be too tender, with a camel's hair brush; rubbed so as to distribute it in a moderately thick layer over the whole of the affected part, to introduce it into all the cracks and hollows that may be present, and to insinuate it as much as possible under any crusts that may have formed on the disease. Once properly applied, it will

loosen the crusts and prevent further crusts from collecting, while it serves the several purposes of a *new cuticle to the abraded skin*, a water-*dressing*, and a *barrier* to the rapidly *oxydizing action* always present in inflammation. . . . . It is light, produces no pressure, is thin as a film of varnish, and yet excludes the air from the inflamed part; thus preventing desiccation and oxydization ; and it retains the ordinary moisture of the skin, acting, as before remarked, as a water-dressing or natural poultice.

DERMATITIS TOXICA FROM THE ANILINE DYE.

By Erasmus Wilson, F.R.S.

POISONING the skin by the aniline dye is a phenomenon which has only recently fallen under medical experience ; but, from its novelty, has created so much interest, that we venture to lay a report of three cases of this kind before our readers. Some information with regard to the nature of the poison will be found at page 453 of the second volume of this Journal: of its effects the symptoms are interesting and remarkable.

Case I.—On a certain day in July, 1868, a young military officer put on a new pair of cotton socks of a scarlet-crimson colour, dyed with one of the aniline pigments. He walked for about two miles, and in the afternoon, feeling his feet to be hot and itchy, he removed the socks, and put on another new pair of the same kind. He then rode down to Richmond to dinner, and at his return in the evening, the feet felt burning and painful, tingling like "pins and needles," and so tender that he was unable to walk. The next day the skin was red, tumid, and more or less covered with large vesicles, and the day after, the cuticle of the soles of the feet was lifted up by effusion beneath it into several large multilocular vesicles. He noticed, on removing the socks, that the skin was stained of a yellow colour; and, having taken to his bed, he remained under treatment for two or three weeks.

On the 28th of November I was first called to see him, when he gave the above report of the origin of the affection, and further stated that, since his recovery from the original attack, he has had three subsequent seizures, the last of these being the one for which he claimed my assistance. The longest interval of freedom from the disease that he had experienced was three weeks, and the attacks, instead of being milder, had

become more and more severe. Habitually, he had cold and damp feet; but since the invasion of this disease, his feet had been dry and never perspired: after the most severe symptoms had subsided, desquamation ensued, and continued for a while; and after the desquamation ceased, the inflammation returned.

It will, therefore, be seen that the attack which I was called upon to treat had taken place upwards of four months after the first invasion of the disease. There was considerable redness of the soles of the feet, tumefaction, vesiculation, and desquamation, with papulæ on the dorsum of the feet and ankles. He had irritation on various parts of the body, and papulation and pruritus of the palm of the hands; while the pruritus of the feet was unbearable; and in the absence of pruritus there was a prickling and tingling of the inflamed surface, with great tenderness; and these symptoms were so severe as to destroy his sleep at night.

My patient was a young man of nervous temperament and ekzematous diathesis, and I was at first inclined to believe that the irritation of his feet by the aniline dye had excited the development of ekzema over the rest of the skin; but I subsequently came to the conclusion that the symptoms of irritation, as well as the irritant itself, were specific. He was pallid and far from strong, an indication suggesting the citrate of quinine and iron; and, as a local treatment, I bound up the feet with a dressing of the benzoated ointment of oxide of zinc with carbolic acid, fifteen grains to the ounce. The dermatitis improved under this treatment considerably; but the pruritus at night was, although diminished, very distressing. I then directed the wraps to the feet to be saturated with a lotion, containing soft soap, tar, and alkohol, one ounce each, with five ounces of water, and placed outside the dressing of zinc ointment with carbolic acid. He slept all night without irritation under the operation of this dressing, and the feet quickly recovered. At the end of a week he was convalescent, and able to go into the country.

This last recovery has been more complete than any of the preceding. During the past two months he has had no serious attacks, but two or three threatenings, that the treatment immediately checked. The first of these he describes as follows:—"My feet have almost entirely ceased itching, and I no longer have the rash on my hands and body, but my feet again give indications of the malady returning. What ought I to do to stop it? I apply the ointment twice a day, and take the quinine: the old skin on my feet is all peeling off in long strips. I also hold my feet under a jet

of water twice a day, as you directed, and take as little walking exercise as possible."

On the second occasion he writes:—"I am afraid my feet are getting bad again from the amount of walking I have to do. What do you recommend? I must keep well, or leave the army. There is not much the matter yet, but the spots are increasing daily."

Case II.—On the 23rd of December, 1868, I saw, in consultation with Mr. Octavius Field, a young lady, aged 17, who was suffering with blistered feet, occasioned by the use of stockings of a brilliant scarlet colour, that she had worn for one week. She was in bed, which she had been obliged to keep for many days; and, with the exception of the inflamed feet, was in good health; a little disturbance of digestion and constipation, which existed, being attributable to her abnormal condition of enforced decubitus. The soles of both feet, the toes, and the borders of the feet, were red, and somewhat swollen, and the cuticle covering them was tense, and smooth, and raised from the derma by the effusion beneath it of a thin stratum of serous fluid. In the hollow of the soles, and extending from the heel to the root of the toes, on both feet, was a large and prominent and tense blister. Numerous punctures with a needle into these blisters failed to give exit to their contents, a small quantity of serum alone escaping, and that very tardily; but when the cuticle was snipped, and a considerable portion removed, more than an ounce of serum issued from the deeper portion of the blister, the superficial portion having the appearance of a transparent amber-coloured jelly, and evidently being the cause of obstruction to the issue of the serum through the punctures. The dermatitis was limited to the sole, the toes, and the border of the foot to the extent of about an inch above the level of the sole, with the exception of a few pimples on the dorsum of the right foot; and the patient complained besides of a pimply state of the palm of the hands, which were somewhat uneasy and tingling. But, with this exception, there was no other eruption about her, and she had never been liable to eruption of any kind previously.

She has naturally moist hands and feet; and in the case of the feet, the perspiration, no doubt, assisted the solution of the aniline dye, and she observed, on taking the stockings off at night, that the skin of the feet was stained of a bright orange-colour. Mr. Field, however, mentioned that he had met with two or three ladies who had worn similar stockings, and whose feet were similarly stained, but they had never suffered any other inconvenience.

Next to the powerful action of the blistering material of the aniline dye, the most remarkable feature of the case is the active persistence of the exudative action for so long a period after the application of the irritant. The cause had been removed in this young lady's case for nine or ten days, and yet the exudation of lymph and serum from the inflamed skin persisted with all its original activity. The only favourable change that had been observed by Mr. Field was a slight diminution in extent, of the erythema along the borders of the feet.

Another point of interest in connection with cases of poisoning by the aniline dye, is the affection of the hands as well as of the feet; an occurrence, which I should be disinclined to attribute to contact, but which I regard as a sympathetic phenomenon, due to irritation of the nervous system; and, in addition to this, the prolonged duration of the irritability of the skin in a mitigated form. On the 29th of January, upwards of six weeks after the commencement of the attack, Mr. Field writes to me as follows:—

> There is still some irritation in the soles of the feet and palm of the hands, with a burning feeling, in the latter more especially, and occasionally small pimples, with watery fluid in them. The skin of the palm of both hands has peeled off, as after scarlet fever. The only application she has used since you saw her has been the benzoated ointment of oxide of zinc, with carbolic acid, and for the last few days simple olive-oil. She is now able to walk about.

Case III.—A gentleman, aged 25, is suffering under inflammation of the feet, accompanied with redness, swelling, desquamation upon certain parts, as upon the dorsum of the toes, heat, itching, and tingling. This attack has lasted fourteen days, and is now gradually subsiding. He also complains of pruritus of the hands, with subcutaneous papular indurations; and has, moreover, blotches of ekzema squamosum in the axillæ and several patches of ekzema papulosum on the arms.

He states that the painful symptoms of the affection are periodic; they begin in the evening, varying with the time of rising in the morning, and commencing ten hours after that event; moreover he states that the irritation begins in the hands; then proceeds to the left foot; and one hour later to the right foot. The symptoms are—burning heat, increased swelling, itching, and tingling; and these symptoms are so severe and worrying as to interrupt sleep. He says that the disorder has had the effect of deranging his whole nervous system, and has produced a painful impression on his mind, as the prospect

of cure seems to be so indefinitely protracted. He is somewhat pallid; is dark under the eyes; has a pale tongue, soft at the edges, and is evidently depressed in health.

The history of his illness is as follows:—Six months back he wore *for a day* a new pair of brilliant scarlet silk socks dyed with one of the aniline pigments, probably coralline. The colour of the socks may be said to be a yellow scarlet, a yellow ground having preceded the scarlet dye; and when the socks were removed, a red stain remained on the skin. He has naturally a moist foot, but not remarkably so; and his skin generally is sensitive and irritable. On one occasion a large blister was developed on his shoulder after friction with opodeldoc for rheumatism.

The one day's wear of the socks gave rise to irritation and heat of the feet; then followed swelling, itching, tingling, and large blisters, which were developed on the sole and sides of the feet, and also on the dorsum of the feet and toes. This attack lasted for a fortnight, with all the suffering above detailed, and finally subsided by degrees.

A month later my patient became the subject of a second attack, consequent on another day's wear of a second pair of the same kind of socks. The first attack had been attributed to ekzema, and the toxic influence of the socks had not been suspected. The symptoms were more violent than on the previous occasion, and more general; the heat was more intensely burning, and a papular eruption was thrown out over the greater part of the body: the papulæ were red and itchy; some became vesicular and some pustular, and they exhibited a tendency to appear in the bends of the joints. This attack, like the preceding, lasted about a fortnight.

A month subsequently, that is, two months after the first invasion of the disorder, my patient broke his left arm in hunting. The splints chafed the axilla, and a patch of ekzema was developed. Shortly afterwards a similar patch of ekzema made its appearance in the opposite axilla; and a week or two later a large ekzematous patch on the right upper arm; some smaller patches being dispersed over the forearm. These are the patches of ekzema to which I have referred in my opening paragraph as being still in existence.

The present attack of the dermatitis made its appearance a fortnight back, without any apparent exciting cause; and although less severe than the first and second, bids fair to be of longer duration; as a fortnight, the ordinary length of course of the preceding attacks, has already expired.

In taking a general review of the phenomena presented by these cases, we may draw the conclusion, that the toxic

principle contained in the dye is soluble in the fluid of perspiration; that this state of solution favours its absorption by the skin; and that being absorbed, its primary irritant action is on the tissues, and then on the nerves. There is no evidence of a poison existing in the blood, or acting through the blood on the constitution. On the other hand, there is evidence of very considerable neurotic irritation. There is local pain of a neurotic character, namely, burning and tingling; and then there are the distant neurotic sympathies, the reflex phenomena, evinced by the secondary affection of the palms of the hands and other parts; while among the neurotic phenomena are also to be included the periodicity of the attack, as shown in two out of the three cases, and the periodicity in relation to time of the day, as evinced by the last. We must therefore look upon the poison, in its toxic character, as a tissue-irritant and also as a nerve-irritant.

REVIEWS.

On Diseases of the Skin, including the Exanthemata. By Ferdinand Hebra, M.D. Vol. II. Translated and Edited by C. Hilton Fagge, M.D., and P. H. Pye Smith, B.A., M.D. 1868.

Leichen scrofulosorum. Leichen ruber.

DERMATOLOGY the first-born of medicine, carries us back to the early days of the world's history; we skim lightly over the modern epoch; the epoch of the dark ages; and the Augustan age of Rome; and we halt before the fanes of the stalwart Greeks; we stand in the temples of our forefather Æsculapius, he who by the greatness of his cures incurred the anger and the vengeance of Jupiter; our patients are marshalled before us, and there, and by an examination of their unclothed figure, we trace out the healthy or the unhealthy constitution of their inward organization. No anatomist but the altar of the Gods has taught us the mysteries of anatomy; no Harvey has as yet lived to point out to us the course of the circulation of the blood; no Laennec to enable us to explore the chest and comprehend the sounds of respiration and of the heart's movements; but the skin is before us in all its beauty,

in all its perfection, and by a careful examination of its appearances and of its qualities we are enabled to decide upon the health or the unhealth of our patients. The minutiæ of dermopathology are familiar to our eyes, and, at a glance, we detect λειχηνες, the λεπραι, the αλφοι, the λευκαι, the ερπετες, the μελας, the ψωρα, &c.; for these are the common words of our language, and the language of our people, to become in an after-age the special terms of medical science. Nay, more, from us and from our researches our brothers of natural philosophy have borrowed the *names* which they employ in the different kingdoms of nature; the λειχηνες which we have pointed out to our disciples upon the skin of our patients, have become for Theophrastus, the leichen of the olive; while the ψωρα is the leichen of the fig-tree; and thus the common liverwort and creeping moss, that grow upon the bark of trees, have obtained their designation from the language of the priests of the temples of Æsculapius. There is matter for contemplation in this glance backwards upon the past; and we cannot easily forget the soul-stirring emotion which we experienced on a not distant occasion when to our interrogation of a Greek, as to the popular name in his own country of a leichen agrius of the back of the hand, his answer was, "We call that ξερο-λειχηνες," or, as he pronounced the word, Xeroliānes.

We are led into this train of reflection by the opening paragraph of Hebra's chapter (18) on leichen, wherein he says:— "The meaning attached to the word leichen (λειχω, *lambere*) by the ancients, and particularly by Hippokrates, Celsus, Galen, and the Arabian physicians, by no means answers to the idea which Willan associated with it. Among the five species of leichen described by this writer, there are two species of ekzema (L. agrius and L. tropicus), an acute disease of the skin (L. simplex), and two affections differing entirely in their nature from the rest (L. pilaris and L. lividus); but there is not one to which the definition of Hippokrates is applicable, λειχην est summæ cutis vitium, ut ψωρα et λεπρα, cum asperitate et levi pruritu." Now, in the first place, lest the linguists should be hard upon us, let us just observe that the signification of λειχω is not lambo, but *lingo*, and in English *lick;* while *lambo* is represented in the Greek by λαπτω, or simply *lap;* a difference not of much importance truly; nevertheless a sensible difference. But wherefore struggle so far afield as to determine the derivation of "leichen," which implies a licking closely to the surface, as when the tongue is applied to a smooth object; why not be satisfied with the objective term "leichen," which is rendered so simple by the comparison with it, by the ancients themselves, of a leichen or tree moss. It is true that this

comparison is equally applicable to several of our modern diseases, and to none more strikingly than to lepra Græcorum. It is also very applicable to leichen agrius; and so our Greek friend seemed to think, when he gave the name of xero-leichenes to an eruption of that form on the back of his own hand. And we are equally at a loss to understand how the definition of Hippokrates differs from the idea of leichen conveyed to us by Willan in his illustrations :—"Leichen is a disease of the surface of the skin, like psora and lepra, with roughness and slight itching." What more or what less than this, we would ask, is the leichen of Willan in its different forms? According to our view of these diseases, leichen agrius, leichen tropicus, and leichen simplex are simply forms of the same eruption, and leichen pilaris and leichen lividus are varieties of leichen simplex.

That we have not entirely succeeded in identifying the present names of cutaneous diseases with the forms of disease intended by the ancients is quite true; but we are labouring hard to establish that identity, and we make no doubt that in the end our efforts will be successful. It is evident from the etymology of the word "leichen" that it never was intended to signify isolated papulæ, the meaning we at present attach to it; and that if papulæ were to be recognized at all as a constituent of the affection, they must be papulæ collected in a cluster and forming a *patch*, or, to use an analogous French expression, an *appliqué*. But Hebra in his character of a commentator fails to do justice to Willan, as will be seen by the following quotation from the work (3rd edition, 1814, page 6) of Bateman, the colleague and disciple of the latter :—"The original acceptation of the term *leichen* is not distinctly ascertained from the writings of Hippokrates, and therefore it has been variously interpreted by succeeding writers. The majority have deemed it synonymous with the *impetigo* of the Latins : but as Foës, De Gorter, and other able commentators have remarked, the impetigo described by the highest Roman authority, Celsus, is a very different disease; while the *papula* of the same author seems to accord more accurately with the leichen of Hippokrates. Whence Dr. Willan decided on affixing the appellation to a papular affection of the following character :—an extensive eruption of papulæ, affecting adults, connected with internal disorder, usually terminating in scurf, recurrent, not contagious." What is this but a *vitium summæ cutis, cum asperitate et levi pruritu?* But while, in truth, all is confusion and disorder of thought, with the exception of the substantive fact of the comparison of the leichen of the bark of trees with the leichen of the skin of man, Hebra informs us, after shaking his rod at the derelict Willan, "that the meaning

attached to the word leichen should be that which was originally given to it by Hippokrates and Galen, which has, even in modern times, been retained by Manardus, Lorry, and Plenck, and according to which it is confined to those cutaneous affections which are *not merely attended with the formation of papules,* but are characterized by having their *origin in a definite morbid process,* and undergo no metamorphosis in their whole course. In this way the name is made to answer to a fixed type of disease."

Now the misfortune of Hebra's mode of regarding leichen, is, that all that we have been taught and all that we know with regard to the papular affection commonly recognized as leichen, is to be summarily swept away in order to make room for two affections patronized by himself, one of which, "leichen scrofulosorum," is an utter stranger to England, and possibly to Great Britain; and the other so rare, namely "leichen ruber," that Hebra himself has seen only twenty-one cases, and it would appear to be utterly unknown in this country, unless the eruption, described by ourselves under the name of leichen planus, shall prove to be a mitigated form of that disease.

Referring to his definition of leichen, Hebra proceeds as follows:—

> Now, observation at the bedside makes us acquainted with two affections which possess these characters. One of them belongs to an early period of life and is susceptible of cure; and as it constantly accompanies glandular swellings, caries, periosteal inflammations, lupus, tuberculosis, and other expressions of the scrofulous diathesis, I term it *leichen scrofulosorum.* The other is a peculiar disease which in its external appearance somewhat resembles psoriasis [lepra, Ed.], but may be accurately distinguished from it by many differential characters. Since this affection is attended with the formation of red papules in a most marked degree, I give to it the name of *leichen ruber.*

We are quite ready to admit with Hebra, as necessary to the distinction of leichen, according to the modern understanding of that term, *a papule originating in a definite morbid process and undergoing no subsequent metamorphosis;* but we by no means feel inclined to limit that definition to the two examples which, alone, he recognizes. On the other hand, we maintain that there are papulæ which are independent of ekzema, and which maintain the condition of papulæ throughout their whole course; such, for example, and very strikingly, is leichen urticatus, and several other forms besides. And we believe that Hebra is too exclusive in attributing every other form of leichen than those which he has selected, to the patho-

genesis of ekzema. But it may interest our readers to have a brief abstract of the two remarkable forms of affection which he has placed before us.

Leichen scrofulosorum, he observes, is an eruption of papules of the size of millet-seed, pale-yellow, brownish-red, or of the normal colour of the skin; never containing fluid; clustered, sometimes in circles or segments of circles; covered by a few minute scales; the areæ of the circles pigmented; scarcely any pruritus; no marks of scratching; enduring; no metamorphosis; gradually subsiding, with desquamation. The eruption is confined to the trunk, abdomen, chest, or back; but is rare on the limbs. The clusters appear simultaneously, but quickly attain their complete development, and then continue for a long time without change. Subsequently, bluish-red tubercles, as large as lentils, make their appearance; these are scattered among the groups of papules and also on the limbs and face; they resemble akne and follow a similar course; some suppurate; others subside; in either case leaving behind them brown maculæ of the size of lentils; fresh tubercles appear in succession; and the skin between the tubercles desquamates in small branny scales. These phenomena are repeated, from time to time, for several years; 90 per cent. of the patients suffer at the same time from enlarged lymphatic glands, and other signs of scrofulosis; but tuberculosis is never present; and the whole of the cases seen by Hebra, fifty in number, recovered.

The morbid anatomy of this affection determines the seat of the papule to be the aperture of a hair-sac, where it forms an elevation of epidermis easily detached without abrasion of the surface beneath, and consisting of epidermic scales and oil-globules; suggesting the possibility of the disease being due to the formation of sebum in excess, or to the morbid development of epidermis saturated with sebaceous matter; the surrounding skin being slightly red and elevated. Hebra has met with the disease in males only, between the age of fifteen and twenty-five, some of the patients being cachectic in appearance, and others in good condition and well nourished.

Hebra has seen cases of this affection which have existed for five years, but have been cured in as many months. As a disease of scrofulosis, the sheet-anchor of treatment is "cod-liver oil, the most powerful anti-scrofulous medicine which we possess." This should not only be administered internally but also applied externally, and has been found most successful where its external use is not disturbed by washing; and is protected by a woollen vest or by lying in bed between blankets or flannel sheets. The oil should be well rubbed

into the eruption, four times a day at first, and afterwards, when the woollen clothing or blankets are saturated, only twice. Internally, the dose of the oil is a quarter of an ounce to one ounce, without vehicle, twice in the day, before meals, morning and evening. The diet should be nourishing, with a proper amount of meat; and with these conditions the cure may be regarded as certain.

Such is Hebra's account of leichen scrofulosorum, which, in point of treatment, would seem to be a mere matter of cleanliness and diet. Cod-liver oil as an element of the latter; and any kind of oil, as far as we can see, to soften the elevations, "consisting of a mass of epidermis, which may be completely detached from its bed without any blood escaping," and assist their removal. But we must confess ourselves puzzled to understand how lumps of epidermis saturated with oil can, in any way, come up to the standard which we assume to be that which is to represent an organized papule. And our mystification is somewhat increased when Dr. Hilton Fagge informs us, in a foot-note, "that some cases which I saw in Professor Hebra's *clinique*, in Vienna, were such as would here be styled cases of *leichen circumscriptus*." Much of this difficulty would be obviated if Hebra would favour us with the detail of his cases; the plate in his atlas cannot be said to afford any assistance whatever.

It may be worth while to remark that Hebra mentions a disease which is equally a stranger to us with leichen scrofulosorum; it is *pityriasis tabescentium, scrofulosorum, pthisicorum*. Of this he observes:—

> I every year see many instances among persons who are phthisical, scrofulous, or emaciated from chronic disease; and I am satisfied that the leichen scrofulosorum possesses characteristic appearances, which differ from those of this form of pityriasis. It is, indeed, possible that these diseases may both be due to the formation of sebum in excessive quantity, or to a morbid development of the epidermis and its saturation with sebaceous matter. But even if this should be the case, there is still the distinction that, in the leichen scrofulosorum, this condition is confined to certain points, at which papules arise, collected in groups; whereas in the pityriasis tabescentium it is more widely diffused, and affects the whole surface of the skin.

Of the *leichen ruber*, Hebra observes:—"Among the many cases which have come before me in the General Hospital of Vienna, there has presented itself an affection so peculiar in its symptoms, course, and mode of termination, that I was unable to identify it with any form of disease previously described; and, after due investigation, I came to the conclu-

sion that it was 'manifestly a special disease.'" This peculiar affection is characterized by papules, which remain unchanged throughout the whole of their course, and undergo no variation excepting that which results from the springing up of new papulæ in the areæ of the old, and a consequent coalescence into circumscribed patches. And they invariably possess a marked dark-red colour, unless they happen to be covered by masses of epidermis.

Seen from the commencement, it presents an eruption of miliary papules, which are distinct, covered with thin scales, and excite very little itching. The papules do not increase in size, "and never undergo peripheral growth." They increase in number by successive evolution, appearing in the vacant spaces, until at last they come into actual contact with each other, and form continuous patches of various shape and size—red, infiltrated, and covered with scales. A continuance of this process leads to the formation of patches of considerable size, occupying entire regions, or even the whole surface of the body.

The appearance of the skin is then quite peculiar. The integument is universally reddened, covered with numerous thin scales, and so infiltrated, that when a fold of the skin is taken up, it is found to have more than twice the normal thickness. The movements of the parts affected are consequently interfered with, particularly if the flexures of the joints are affected in this way, and if the hands and feet are attacked by the disease. The patient may thus have great difficulty in effecting the complete flexion or extension of his joints, and endeavours to maintain them in an intermediate position. The skin is, however, most markedly thickened on the palms of the hands and soles of the feet, and on the fingers and toes. The fingers are generally widely separated from one another, are kept semiflexed, and, besides being reddened and infiltrated, as above described, often present over the phalangeal articulations transverse fissures and cracks, which frequently extend down to the corium, and bleed, so as to become bordered with black crusts, placed, like the fissures themselves, transversely. The surfaces, which correspond to the joints of the tarsus and carpus, are likewise deformed in a similar way by horizontal ridges, traversed by rhagades.

The papular and the infiltrated forms of the affection constitute two stages of the disease, to which Hebra adds a third, wherein the cutaneous disorganization gives rise to "impairment of nutrition, loss of flesh, and even marasmus. It generally has a duration of several years, and at last terminates fatally." The translator, however, informs us that in a recent communication to himself, Hebra states that "he has seen seven cases, all of which have terminated favourably." When the disease, in its infiltrated form, is general, the nails

become affected, and are either thick and scabrous, when the matrix of the nail is chiefly concerned, or thin, brittle, and everted, when the fold of the nail is especially disordered. As a critic we may just warn the readers of the book of an error of anatomy in the paragraph in which this announcement is contained (page 59); it is a mere oversight, but as it might lead some of our junior friends into confusion, we have thought it necessary to refer to it. The passages to which we would call attention are as follows:—"Sometimes there is an increased growth of nail-substance from the *bed* of the nail, so that this acquires more than twice its natural thickness. In other instances, again, its growth proceeds from the *matrix* only, and *not from the whole of the bed,* so that it forms a mere thin, brittle, horny plate." The italics are our own, and it will be at once evident, that as the matrix and bed are the same part, the posterior wall or fold of the nail, *vallecula unguis,* must be the part signified in the latter portion of the quotation.

In leichen ruber, while the hairs of the head, axillæ, and pubes escape, the hairs of the rest of the trunk are never much developed. In the infiltrated form of the affection there is a disagreeable degree of itching, a symptom scarcely observable in the papular stage of the disease, and not to be compared with the intense pruritus of the proper pruriginous affections; for example, lepra, prurigo, and ekzema. In respect of the morbid anatomy of the affection, the author observes:—

> As in all other chronic cutaneous affections, in which death occurs only when the disease has been of long duration, the post-mortem appearances in leichen ruber are summed up by the pathologist in the word *anæmia.* All the organs are pale, flabby, and shrunken, and contain but little blood. As to the skin, however intensely reddened and thickened it may have been during life, it always, after death, appears pale, loose, and devoid of fat, and no trace of the thickening of its substance is discoverable. The only indication of the disease in the dead body is the presence of scales, still adherent to the cutaneous surface in greater or less quantity. On examining thin sections of the skin with the microscope, the chief morbid change which has been discovered is in the root-sheaths of the hairs. The root-sheath, instead of presenting its ordinary appearance of a cylindrical tube, is changed into a funnel-shaped body, pointed below, expanding towards the mouth of the sac, and looking as if it were made up of several hollow cones loosely included in one another, and having the hair in the middle. Besides this, the cutaneous papillæ have been found to be enlarged, and the vascular loops which they contain to be dilated, in this disease.

Hebra can discover no grounds for a probable hypothesis as to the cause of the disease. He had seen, at the time of

writing its history, only fourteen cases, subsequently supplemented by seven. They occurred at different periods of life, ranging from 15 to 40, and upwards. One only appeared in a female, and there was no suspicion either of heredidity or contagion. The disease "necesarily exerts an unfavourable influence upon the whole system, from the simple fact that it impairs for a long time the functions of the skin, which is so important an organ. . . . . When the disease has existed for some years, it has never failed to produce loss of flesh. My patients, in fact, not merely grew thin, but they looked quite shrunken, as if the skin, which was hard and hung in folds, was the only covering to their bones." The fourteen cases which had fallen under Hebra's notice up to the time of writing his description of the disease, were evidently of a very severe kind. Eleven died, in spite of careful nursing and the administration of various medicines. One left the hospital; one was under treatment; and one alone recovered. Since then he has met with seven cases, all of which recovered. With the exception of arsenic, no remedy, whether internal or external, proved to be of any use. In the case of the patient who recovered, "the result was not attained until nearly three drachms of arsenious acid had been given, during a period of eight months. It was prescribed in the form of Asiatic pills, of which the patient took twelve daily, containing 0·99 of a grain of arsenic." In the seven favourable cases arsenic was administered in doses of $\frac{1}{10}$ of a grain to one grain daily.

Such is our colleague's description of a very peculiar and interesting eruption, with which we believe that we ourselves are familiar, under the name which we assigned to it many years back, namely, *leichen planus*. If this should prove to be the case, if leichen ruber and leichen planus should turn out to be the same disease, modified by circumstances and climate, we shall have occasion to congratulate ourselves upon the milder character which it presents in this country. Leichen planus, like its supposed German representative, is obstinate and rebellious; but in the end is perfectly curable, and in England is not so extremely rare. Our description of leichen planus, and our surmise, have long been under the eyes of Hebra, but he has not as yet favoured us with a response. We shall return to the subject very shortly, supported, not by twenty-one, but by fifty cases.

Résultats des Recherches faites à Christiania sur l'Effet du Virus syphilitique appliqué au Corps humain; exposés par Joh. Heiberg, Chirurgien-général de l'Armée Norvégienne. Christiania: 1868.

Results of the Investigations, made in Christiania, into the Effects of the Syphilitic Poison introduced into the Tissues of the Human Body.

HOWSOEVER important these results may be for science, they are, without doubt, nothing more than the mere beginning of new discoveries, reserved, for their perfect evolution, to a future day." Such are the last words of a paper of unusual interest, for which we are indebted to the labours of Boeck and Hjort; and to the industry of the surgeon-general of the Norwegian army, Dr. Heiberg. The syphilitic virus is one of those entities that admit of experiment: it can be tested in its force and measured in its results; the balance and the compass can be brought to bear upon it; it has its analogues and its homologues; and if rightfully handled it may be the means of redeeming the character of medical philosophers as scientific men; if, indeed, it be worth our while to stoop so low as to beseech a character for science, when the godlike attribute of genius is the special qualification of the physician, both him of the manual art and him of the cryptological art. The mechanic of physical knowledge may trace out the lines of a mastodon or of a megalotherium from the configuration and structure of a digital phalanx, or the terminal evolution of a coccygeal vertebra; but for the detection and control of the phenomena of disease there are demanded the inventive capabilities of the man of art and the instinctive perception and rapidity of decision of the master mind. A more fatal day could not dawn for mankind than that in which the mysteries of medicine were intrusted to the administration of the mere man of science.

In the interests of medical science, it is shown by the "results" before us that constitutional syphilis is curable by syphilization; but it is also shown that, in ordinary cases, the process is far too unwieldy to be pursued in practice, although, from the success which has attended the experiments heretofore made, we can conceive the possibility of its being, in some instances, a most important method of treatment. At the present moment the great value of the "results" is the mass of admirable aphoristic observations which have been brought together to illustrate the natural history of syphilis;

observations which, we doubt not, will be studied with all the attention they deserve. How frequently we have seen exemplified in practice that curious property of the syphilitic virus, of acquiring fresh energy by transmission through new blood. We have in our mind a case which we published many years ago:—A gentleman had a suspicious excoriation of the most trifling kind, in the month of November; it quickly got well. In March he married; his wife became infected; he received back the poison which he had communicated, with interest; and in May he was the subject of a fierce outbreak of exanthematous syphilis.

The "results" also contribute a remarkable testimony to the property of mercury of enabling the tissues to resist the admission of the syphilitic virus into the system. It is quite true that the virtues of mercury are somewhat damaged by the succeeding aphorism, to the effect that the symptoms of syphilis do not always disappear completely in persons who have taken mercury. Nevertheless, the fact is on record, and a curious fact it is, that syphilization is rendered difficult by the presence of mercury in the system. We find also, near the conclusion of the report, that, do what we may, we shall, in the present stage of our knowledge, fail altogether in preventing the transference of syphilitic disease to the offspring where it already exists in the parent. We will not, however, further anticipate the independent opinion of our readers, but simply present them with a free translation of this original and most valuable paper.

It is well known that a long series of clinical and statistical researches into the properties of the syphilitic virus were undertaken by Professor William Boeck. The object of the clinical experiments was to determine the effects of the syphilitic poison when the disease which it occasioned was left to pursue its own unrestricted course. The mode in which the experiments were performed was the inoculation of the body of the individual with the syphilitic virus, and the subjects selected for experiment were such as were already the victims of constitutional syphilis.

Shortly after the appointment of Professor Boeck to the Clinical Chair of the hospital of the University, the world was informed of the opinions of the Academy of Medicine of Paris, and of the proscription of syphilization by that body. It was even a question whether the same sentence ought not to be passed upon it in Christiania. This question was discussed by the directors of the hospital, of whom I was myself one; and although in the first instance I had entertained a prejudice against the experiment, we came to the conclusion, warranted by our observations in this place, that we should be neglecting our duty if we permitted syphilization to be deprived of the asylum which it had already secured in the hospital of our University. That asylum will therefore be continued for the future, as for the past, and in the face of

all the contrariety of opinion which the subject is likely to create ; for not only has syphilization already contributed to medical science discoveries of the highest importance to suffering humanity, but it has exhibited results which beckon us forward to a repetition of our experiments.

The matter of inoculation has, for a series of years past, been taken exclusively from contagious ulcers. The selected ulcer has presented a variety of forms, and in some few instances has either been non-indurated, or the induration has been insignificant and transient. In the case of the indurated ulcer, the induration was sometimes hemispherical and sometimes resembled a morsel of parchment. Occasionally a deep and suppurating ulcer existed in the centre of the induration, and inoculation with matter taken from this kind of ulcer was instantly successful. At other times the surface of the induration was smooth, and only slightly moist, and not unlike in appearance the surface of an everted upper eyelid. In this case inoculation has proved unsuccessful until the hardened surface has been stimulated by irritants, and often until the irritation has been kept up for several weeks. Generally the product of inoculation has been a pustule admitting of reinoculation, and developed without incubation. In rare instances, however—and Bidenkap has met with three such cases—inoculation has given rise to a papule or an induration after a long incubation. And in some instances Bidenkap has met with success in the inoculation of matter taken from mucous tubercles.

The seat of inoculation is, in the first place, the sides of the chest ; secondly, the arms ; and thirdly, the thighs. After the inoculation has proved successful, the matter for subsequent inoculations is taken from the immediately preceding pustules. The inoculations are repeated every three days, three punctures being made close together and on corresponding sides of the body. But if the patient dread the number of the cicatrices, we may be content with one only at each side, particularly at the beginning, when the ulcers produced by the inoculation are large ; and subsequently, when the effects of the inoculation are milder, we may increase the number of the punctures.

When the first inoculated matter fails in producing an effect, we may have recourse to one from another source, and continue the inoculation as before. When this second inoculable matter fails in effect, we may fall back on a third ; and when the latter ceases to give any result, the matter from the last inoculations on the chest may be transferred to the arm, and the chest and the arm may be inoculated together as long as any pustule is produced. When inoculations from this source cease to give any result, we may search for matter from a new source, which will probably be ineffectual on the chest, but may be active on the arm. And when the arm is no longer sensitive to the influence of inoculation, we may descend to the thighs ; but for this purpose we must obtain matter from a new source. And when the thighs remain insensible to the action of the virus, the whole surface of the body will be equally so ; for even if we succeed in obtaining a matter that shall give rise to a pustule, the matter of the latter will scarcely produce another pustule by re-inoculation, and certainly not a further remove.

The results of syphilization practised in the manner described are as follows :—The syphilitic virus is, in general, unequal to the production of a

pustule on the same person beyond thirty or forty removes. After the first two or three removes the violence of action of the virus diminishes gradually in intensity. The virus, which has become exhausted on the chest and will no longer produce any results in that situation, will be found actively inoculable if transferred to some other part, such as the arm or the thigh. Also, when the virus obtained from one person loses its effect, that from another may still be found active. And, again, the part of the body first selected for inoculation will give results for a longer period, and the pustules and the ulcers will be larger, than on a part subsequently made the subject of experiment. Nevertheless, it often happens that the result of inoculation may be trifling, or almost nothing, at first ; but on a second inoculation, not only is the pustule fine, but pustules may also be developed at the seat of the first inoculation.

Lymphatic glands in the immediate neighbourhood of the seat of inoculation sometimes enlarge and give rise to indolent tumours ; and at a later period more distant glands take on the same action. This is notably the case on the sides of the chest, and especially, according to Bidenkap, in the course of the border of the pectoralis major muscle and in the axilla. Sometimes a virus is met with which is unusually active and capable of extending its influence to many removes ; while at other times the reverse is the case. When the eruption of constitutional syphilis is intense, or when the patient's system has severely suffered, it is sometimes impossible to produce a pustule by inoculation, or it may be produced for once only and then entirely fail ; but if the inoculation be followed up perseveringly day after day for several weeks, a time will arrive when the susceptibility of the skin will return and the process be exhibited in the ordinary way. So, also, as we sometimes see the symptoms of constitutional syphilis disappear on the invasion of acute disease, a virus which has been active for a considerable time will suddenly fail at the approach of an acute affection, such as pneumonia or typhus. The same phenomenon, according to Bidenkap, is also apt to occur when the patient has lived for a time in an unwholesome atmosphere, has been ill fed, or has fallen a victim to scurvy.

Sometimes, and without any explicable cause, the virus fails in producing any effect ; but in general, the daily repetition of inoculation is successful in the end ; while, at other times, persons are met with who are wholly insensible to the action of the virus, even when inoculated daily, and the operation is repeated for many months. Sometimes the virus acts in a dissimilar manner on corresponding sides of the body of the same person. Sometimes, again, a virus which fails to produce any further effect on a given individual, will by transference to a second, and subsequent restoration to the first, be found to have recovered its original energy. And, in like manner, when a virus has failed to excite the skin of one part of the body, say the chest, it may operate actively on another part, say the thighs, and give rise to well-developed pustules ; and more than this, if the matter from these pustules on the thighs be reconveyed to the chest, it will be found to have recovered its original activity.

The ulcers produced by inoculation never give trouble or excite any anxiety, if we begin our inoculations on the chest ; but they are apt to

become very large if we commence our operations on the thighs or on the arms. If the ulcers increase very much, they will cease to enlarge if we continue our inoculations on the affected part; and if the inoculations have been commenced on the chest, phagedænic ulcers can never occur.

When inoculation has been conducted for a long series with the same matter, each time derived from the most recent pustule, and when, say at the twentieth remove, the integument refuses any longer to be excited ; the matter of the tenth remove will be found capable of producing a fresh series of pustules about ten in number, and the matter of the fifteenth remove, about five in number. This observation relates only to the period of active susceptibility of the skin, for when that has ceased, pustules will nowhere be produced, and to the same individual. For if the matter of the tenth or fifteenth remove be conveyed to another person, the series will run on to the same length as if the matter had been taken from the first. Sometimes a fresh inoculation will occasion a slight degree of reaction in a person who has been thoroughly syphilized ; but, in that case, the pustules will be abortive and will disappear in the course of a few days.

After three or four weeks of syphilization—sometimes two months or more, the least inveterate of the symptoms of constitutional syphilis disappear by degrees ;—the exanthemata gradually fade away ; ulcerations of the mouth or throat diminish and heal ; iritis requires no aid from medicine but that of dilatation of the pupil to prevent adhesion ; tertiary symptoms, such as the serpiginous ulcerating tubercles and deep ulcers of the mucous membrane, vanish completely, or improve so much that a little iodide of potassium is all that is necessary to perfect the cure. But osseous tumours rarely undergo absorption.

The sooner that syphilization is commenced after the appearance of constitutional syphilis, the sooner will the cure be established. Some of the symptoms, such as mucous tubercles and ulcers of mucous membrane, may persist after syphilization is complete. Nevertheless they generally yield to a mild application of nitrate of silver ; but if they be obstinate, there is reason to believe that syphilization is not really complete, and inoculation should be resumed with a new virus. During syphilization, the general health improves, pains cease, sleep is restored, the appetite returns, and the patient voluntarily declares that he feels better since the eruption has appeared than he has ever done before.

Although the syphilis may have entirely disappeared, relapses are far from being rare, unless the syphilization has been pushed to the extremest point, and the system has become utterly insensible to the stimulation of the virus. When the patient has taken mercury, his skin will be less sensitive to the influence of the virus, it will be longer in taking effect, and when the proper effect is produced, it will be liable to cease suddenly unless inoculation with fresh matter from another person be frequently resorted to. On the other hand, the symptoms of syphilis do not always disappear entirely in those who have been mercurialized.

In infants, syphilization fails entirely unless the inoculation be practised daily, and even then it rarely commences until the process has been continued for fifteen days. At last, when a pustule is developed, the effect

cannot be kept up as in the adult by inoculation from that pustule, and thence onwards from pustule to pustule. It is some time, therefore, before inoculation falls into a regular course ; and even then is unsuccessful unless the virus be renewed more frequently than usual from a syphilitic patient.

Dr. Hjort has instituted experiments with the view to ascertain whether the influence of syphilization upon constitutional syphilis may not be, in its nature, derivative. He employed with this object plasters of tartarized antimony, which he placed on the interscapular region of the back, and also on the arms and the thighs ; but he did not confine himself wholly to these means ; in the majority of his cases he had recourse, at the same time, to other treatment, such as diet and sarsaparilla. The following were the results which he obtained :—prolonged derivation sometimes excites large vesicles, severe pains, intense cardialgia, ekzematous and impetiginous eruptions, even at a distance from the seat of irritation. Hence derivation is unsuitable in infants. The syphilitic symptoms have very frequently disappeared during the process of derivation without being succeeded by relapse, and the question has therefore arisen as to what would be the result of leaving the disease wholly to itself.

Experiments directed to this object have shown :—1. That constitutional syphilis may manifest its presence by certain insignificant signs, such as slight roseola, a few mucous tubercles or some small excoriations in the fauces ; and these signs may disappear in the course of a few weeks without leaving a trace behind. In other words, constitutional syphilis may terminate in spontaneous cure, or run its normal course, without a tendency to relapse. It follows, therefore, that in certain cases syphilization is unnecessary. 2. That the different forms of exanthematic eruption may make their appearance during the first four or six months and then gradually fade away ; the general health being for a long time ailing, but recovering with the disappearance of the external signs. And 3. that the disease goes on increasing more and more, without manifesting a tendency to subside, and is continued for a long period, until, in fact, the patient succumbs to the syphilitic dyskrasis. In the two latter cases, it would appear that no remedy disperses the syphilitic symptoms so certainly and quickly as syphilization ; during the progress of which the disease runs its natural course. Nevertheless, there is no remedy by which the organism, once saturated with the syphilitic virus, can be so far restored to its normal state as to secure the non-transmission of the disease to the offspring. Women, and in some cases men also, may sometimes propagate syphilitic children for several years, whatever the nature of the treatment employed.

It is for the future to discover the method of treatment the best suited to prevent the transmission of the disease to offspring. With regard to the health of the syphilitic patient, different methods of treatment have been conducive to the most opposite results. Dr. Hjort, who has occupied the post of physician to the Hospital for Syphilis for forty-five years, states that, consequent upon the mercurial treatment, tertiary syphilis is common, but that during the last twelve years, since the use of mercury has been in a measure abandoned, tertiary affections have become rare. He also remarks, that, under the like circumstances, phagedænic and serpiginous ulcers, paralysis,

epilepsy, mental and other analogous diseases, have shown themselves very rarely, and that when they did occur they were ascertained to be the decided consequence of mercurial treatment of a bygone period.

In the clinical service of Professor Boeck, 567 persons have been treated by syphilization ; relapses occurred in 73 persons out of this number, the total number of relapses being 89. The average duration of the process in each individual amounted to $4\frac{2}{3}$, or nearly five, months.

In the service of Dr. Hjort, there were treated by derivation 470 persons ; out of which number there were relapses in 100 cases ; the total of the relapses in 100 persons being 212 ; the average duration of treatment in each case exceeding five months ($5\frac{1}{3}$).

On the Molluscum contagiosum of Bateman. By Dyce Duckworth, M.D., Saint Bartholomew's Hospital Reports, vol. iv. 1868.

WHEN the contagious quality of a disease is fully and fairly established, and when no question can be raised against the fact, it will be time to consider whether it would be wise to distinguish it by the subjective term "contagiosus." We do not call variola, "contagiosa;" nor rubeola, nor scarlatina, nor scabies ; why, therefore, make an exception in favour of the disease referred to in the heading of the article at present under review? And the same question may be raised with regard to another cutaneous disease of a similar class, namely, impetigo contagiosa. Both these diseases may be contagious, but the contagious property, if it exist, is of a very limited character, and very rational arguments may be adduced for doubting the contagiousness altogether. An excuse may be made for the employment of this word by Bateman ; he had the subject of molluscum before him, when he was suddenly introduced to a new variety, and he lived in an age when pathology was comparatively unknown ; the new variety was "a singular species of molluscum, which appears to be communicable by contact;" and therefore, and without hesitation, he designated the new variety "molluscum contagiosum," the suspicion of contagion being to him its most distinguishing feature.

In the early ages of medicine many diseases were deemed to be contagious which the lights of advancing science have shown to be the reverse. Popular ignorance saw, and still sees, contagion in many diseases which a scientific and learned profession knows to be harmless. And it becomes the duty of the medical profession, who are the conservators of the public

health, to avoid as much as possible the raising of an alarm which would be too speedily propagated amongst the unlearned, and might lead to very serious evils. Dr. Duckworth, like Bateman, like ourselves, and like others, has accidentally stumbled upon a nest of sebaceous molluscum; and the story is precisely the same in all: a child to initiate the evil, then other children and adults of the same family, of families congregated under the same roof, or neighbouring families, all affected at the same time or in succession. Of course the popular mind sees nothing in all this save contagion; but the question should be: Is the proof sufficient to satisfy the medical mind, and especially when that mind endeavours to guard itself against being swept away with the stream of popular prejudice?

Molluscum is a disease of altered nutrition of the skin, and medical science recognizes at the present day two forms of that disease, namely:—*molluscum areolofibrosum*, also termed molluscum simplex;* and molluscum sebaceum,† or as we prefer to name it *molluscum adenosum*,‡ the disease at present under consideration. The former of these is, pathologically, nothing more than a state of hypertrophy of the connective tissue of the corium; and the latter an hypertrophy of the sebiparous gland and of its cell-contents. To the development of the molluscum adenosum two factors are necessary, namely, a feeble condition of the cutaneous tissues, and secondly, an efficient irritant. The former of these factors is supplied by a scrofulous constitution, by the feebleness and sensitive tissues of infancy and childhood, and by faulty hygienic surroundings. It will not be questioned that in the first instance the disease must have originated idiopathically; and in this case there was nothing to prevent a similar idiopathic origin in the whole of the cases affected. There were endemic conditions, and those conditions may have been equally powerful in their influence upon the greater as well as upon the lesser number. There existed, in fact, a nest of disease, and the causes of that disease were equally experienced by all. In none of the cases recorded, has any instance been adduced of the spread of the disease from its original focus to the surrounding population; nor to our mind has a case ever been made out which pointed to anything else than to an idiopathic or an endemic source.

Dr. Duckworth does not fail to recognize the influence of

* *Vide* Dr. Izett Anderson's case, with photograph, vol. i. p. 60, of the JOURNAL OF CUTANEOUS MEDICINE.

† JOURNAL OF CUTANEOUS MEDICINE, vol. i. p. 53.

‡ Loco citato, vol. ii. p. 221.

hygienic conditions in the production of the disease, and believes the affection to be "unknown amongst classes of individuals who follow the common laws of hygiene. Doubtless dirt, overcrowding, and the unhealthy conditions inseparable from poverty, are important factors in the propagation of the disease." But it must also be stated that molluscum adenosum has its regular place in the catalogue of cutaneous diseases of the upper as well as of the lower orders. We have shown in our "Statistics of Cutaneous Diseases among the Wealthier Classes,"* that the frequency of this affection is one in 1000; and we may further remark, that of the two last cases which came under our notice, one was the son of a peer, and the other a gentleman habituated to the use of the Turkish bath, and, in fact, in whom the eruption appeared to have been excited by the friction and shampooing processes of the bath. It is needless to say that both cases were of idiopathic origin, and contagion was clearly out of the question.

Such facts as these, it appears to us, are sufficiently strong to warrant some reticence, some hesitation with regard to contagion; although we are bound to admit, as Dr. Duckworth has truly stated, that the majority of dermatologists are opposed to us in opinion, and have declared openly in favour of contagion; and amongst these are included the honoured names of Hebra, Virchow, Hardy, and others. And the "germinal matter" theory would necessarily be against us.

Experiments by inoculation have heretofore failed in producing any result; we ourselves many years back suggested friction of the matter of the diseased gland into the skin in lieu of punctures; but even were these experiments to succeed, they would not shake our unbelief in the theory of contagion as at present understood. Dr. Duckworth's paper is accompanied with three woodcuts showing the peculiar oviform cells of sebaceous molluscum, and sections of the gland exhibiting its walls and contents. He also mentions a fact which we ourselves have described, the enucleation of the morbid gland by moderate pressure at its base; in truth the superjacent integument is so excessively thinned by the growth of the little tumour, as to burst and give exit to the hypertrophous gland upon the application of the most moderate force.

It is gratifying to us to observe that the 4th volume of the Saint Bartholomew's Reports contains no less than three

* Journal of Cutaneous Medicine, vol. i. p. 389.

papers devoted to dermatological subjects, a proof of an awakening interest in a very important branch of medical science; and the old saint himself, in watching over his renowned godchild, as we presume he does, must not be a little proud in the remembrance that he has sent forth from his halls some of the most distinguished dermatologists of the day.

Cases of Herpes ophthalmicus. By Bowater J. Vernon. Saint Bartholomew's Hospital Reports, vol. iv. 1868.

A Case of Herpes zoster. By F. B. Greenough, M.D. Boston. The *Boston Medical and Surgical Journal*, January 28, 1869.

MR. VERNON records five cases of herpes ophthalmicus in an able and interesting paper, and corroborates his opinions with sound practical argument. He states, very truly, that the best account of this curious affection hitherto published is that of Mr. Hutchinson, in the fifth volume of the Ophthalmic Hospital Reports, and he himself adds a new illustration to the disease, by recording the association of paralysis of the motor oculi nerve with the existing affection of the ophthalmic branch of the fifth pair. He says:—

> The partial paralysis of the levator palpebræ and of the internal rectus muscle was not to be mistaken: it may be that this was only a curious coincidence, and that it had no immediate connection with the herpes of the sensitive nerve supplying the same parts. Paralysis of one or two muscles of the eyeball occurring to elderly people, especially when liable to rheumatism and exposed to weather and fatigue, as this patient was, is exceedingly common, but so far as I am aware has not been found to be associated with an affection of the sensitive nerve branches at the same time.

But it singularly happens that, while Mr. Vernon was debating this question in his mind, a medical brother on the other side of the Atlantic, Dr. Greenough of Boston, was meditating over a similar train of circumstances, originating in a paralysis of the facial nerve in association with a herpes cervicalis *seu* collaris. Dr. Greenough observes:—

> We have, then, here an affection of two different nerves, which are anatomically very intimately connected at their peripheral ends; the lesion of the one being manifested by a paralysis of motion, and this is the only symptom we can expect, as the nerve consists only of motor filaments; that of the other being shown by neuralgic pain; but we cannot say but what the

motor fibres also are affected, the distribution of the nerves being such that, if they were, no symptom would be given. Is it not logical to assume that these two affections spring from a common cause?

The class of cases with which we are more particularly acquainted, are such as evince the chief phenomena of the disease through a special eruption of the skin; but the researches of Professor Stellwag tend to the suspicion that,—

A very large number of cases, which are every day to be seen in our ophthalmic hospitals, and which are termed phlyktenular ophthalmia, or pustular ophthalmia, or again, strumous ophthalmia, should . . . . be considered as cases of "herpes of the cornea." The symptoms of these affections being "severe smarting pain, the formation of vesicles on the cornea or conjunctiva, the increased flow of tears, the congestion of the ciliary vessels, and the extreme intolerance of light in many cases, all pointing to some disturbance of the fifth nerve, in all probability its ciliary branches being those especially implicated."

The fact is therefore very strongly brought before us, that not only may the whole of the three branches of the ophthalmic nerve be affected, or one or other of the three branches separately, but also a part of one of the three branches solely, as for example, the orbital portion of the nasal nerve and the ciliary ganglion with its branches; and further still, a neighbouring motor nerve with which the sensitive nerve may be brought into relation by means of communicating branches. The fact first mentioned by Mr. Hutchinson, that the affection of the eyeball only takes place when the nasal nerve is the seat of disorder, is generally corroborated by Mr. Vernon; and the case to which he alludes, as being exceptional, appears to us to be simply one wherein the vesicular manifestation of the affection was absent, while the neuralgic element of the disease had taken its place. We must for the future, therefore, look upon herpes, not merely in its capability of deranging the nutrition of the skin and of other organs which it may attack, not only in its capacity for producing severe and often enduring neuralgia and anæsthesia, but also in its quality of inducing paralysis. Mr. Vernon remarks on the limitation of herpes ophthalmicus to the region supplied by the three branches of the ophthalmic nerve; and upon the uniform absence of vesication upon the lower eyelid, although this lid sympathizes with the upper by manifesting some degree of redness and tumefaction.

The serious nature of herpes ophthalmicus in its operation upon the eyes, may be inferred from the observations of Mr. Vernon, that in one case "the conjunctiva was inflamed, and there was general congestion of the tunics of the eyeball;

the cornea was hazy, and the vision . . . . much interfered with." In another case "the conjunctiva was inflamed, and the ciliary vessels were much congested; the cornea was brilliant and natural, but the iris was discoloured; its structure was confused, and the pupil was small and irregular."

Dr. Greenough's case, of which the phenomena are ably argued by the author, is as follows:—A mechanic, aged 33, had suffered from pneumonia in the winter of 1867. In the autumn of 1868 there remained cough, pain in the chest, muco-purulent expectoration, loss of flesh, and night sweats. In the latter part of October of the latter year, he was attacked with neuralgia of the side of the face and neck; and on the 1st of November with an eruption of herpes in the region of distribution of the superficial branches of the cervical plexus. Ten days later he complained of "numbness of the left side of the face. He could not close his left eye, his mouth was drawn to the right side, and he was much troubled by his food getting between his gums and his left cheek, from whence he had to continually remove it with his finger. . . . Sensation of the left side of the face was normal, and on a careful examination no evidence of any impairment of motion or sensation of any other part of the body could be found. . . . After this the course was steadily towards cure. The ulcerations healed, the crusts fell off, the pain diminished, and the power of motion slowly returned to the facial muscles. . . . . The eruption lasted about four weeks and left scars behind it. The paralysis lasted a little longer."

Sulla Elefanziasi, saggio del D. GIUSEPPE PROFETA, *Professore libero di Sifilografia e Dermatologia nella R. Università di Palermo.* Translated by MARRIS WILSON, M.D.

PROFESSOR PROFETA presents us with an essay in octavo, which he desires may be considered a specimen of a kind of work which, he thinks, will be found desirable and of sterling practical value. He remarks:—

There is not a country in Europe, I believe, as far as I have been able to observe in my small wanderings, or have learned from description, that presents so many rare and serious diseases of the skin as Sicily. This is due to the customs of the people, to the forlorn condition to which the medical profession abandons such diseases for a long time, and to the topographical situation of the country, which represents at the same time both the temperate and torrid zone.

He states very truly that photography, properly administered, offers capabilities greater than any other method of conveying information; and, in the true spirit of scientific research, he leans to the presentation of a simple uncoloured photograph to one which has been subjected to the taste of the artist for pigmentation. With this feeling he has secured the services of an able photographer, Signor Giuseppe La Barbara; and in the slight essay before us has illustrated, by two cases which he met with at Palermo, that which he considered to represent the natural history of Elephantiasis, namely, the Elephantiasis Arabum and the Elephantiasis Græcorum.

Now, looking to the photographs, we have much pleasure in congratulating our colleague on the complete success of the illustrations. Both are admirable, particularly the first of the two; and they place before us at a glance the diseases which they are intended to identify. But they also show, equally clearly and certainly, that Professor Profeta is wholly unacquainted with Elephantiasis Græcorum, for the figure which he has published under that name is simply one of fibroma, of the so-called molluscum areolo-fibrosum or molluscum simplex, for which we may refer our readers to an illustration in the first volume of this journal, page 60. The merest tyro will see at once that the cases are identical,—the only material differences relating to the flatness and to the situation of the tumours, which in Dr. Profeta's patient are situated not so much on the trunk of the body as on the face, the hands, the elbows, the podex, the thighs, and knees.

We need hardly repeat our objections to naming the diseases Elephantiasis Arabum and Græcorum by the same name; the diseases are so utterly unlike; and this is one of the blunders which we ought to shake off like a cumbrous nightmare, and with as little ceremony, and nothing would be more easy if we were to will it. If there were such a thing as a temple of truth, and we were faithful to its altar, we should never be able to pronounce the words Elephantiasis Arabum again. The only Elephantiasis is the Elephantiasis Græcorum; the other is spurious, never pretending to anything greater than a "big leg," and never called elephantiasis by the Arabians themselves. Its proper name is *spargosis*, or *boucnemia*; the former, for many reasons, being the preferable description.

The case of spargosis cruralis before us presents nothing worthy of separate attention; it resembles similar cases of the same disease, which is common enough to be known by all; but the second case we quote in justice to the author, simply premising that the vitiligo of Celsus does not relate to elephantiasis, which is separately described in his third book, chapter

xxv.; and that elephantiasis has not received that name from any resemblance in appearance to the skin of the elephant, but simply because, according to Aretæus, the disease was as much greater than other diseases, as the elephant is more stupendous than the rest of quadrupeds.

ELEPHANTIASIS GRÆCORUM.—Leprosy of Moses, of the Crusaders, of the Cossacks; red disease (mal rosso) of Cayenne; Crimean disease; Morphæa alba of Brazil; Elephantiasis, *Aretæus;* Elephantiasis of Comacchio, *Balboni* and *Alessandrini;* Vitiligo, *Celsus;* Spiloplaxia, *Duchassaing*; Leontiasis; Satyriasis; Spedalskhed of Norway.

From this list are excluded the Radsyge of Norway, and the Sibbens of Scotland, which are forms of syphilis; the Lepra of the Greeks, which is a simple variety of psoriasis; the Italian Elephantiasis, that is to say, Pellagra; and the Elephantiasis of the Arabs.

Geographical Distribution.—The Elephantiasis of the Greeks, taking its origin on the banks of the Nile, spread over the whole East, and the rest of the world, following the movements of nations. Among the Western peoples it is found more frequently in proportion as we approach the equator or the poles, that is to say, towards the extremes of temperature. In Europe it is most frequent, towards the north, from 60 to 70 degrees of latitude, along the maritime coast of Norway. From 40 to 50 degrees of latitude the Elephantiasis of the Greeks is either not found, or very rarely. Exception must be made to continental Italy, where the malady is distinctly endemic in the department of Nizza, in the small town of Comacchio, on the western coast of Liguria, and principally in the province of Oneglia and in the city of Savona. Villafranca, Pavia, and the valley of Aosta are also spoken of as presenting occasionally some sporadic cases. In the latitude of 35 to 40 degrees, in which Sicily is placed, the Elephantiasis of the Greeks reigns endemically at Monte S. Giuliano, near Trapani. In a very short time I myself observed six cases, three in Palermitans, who had never been out of their own country, one in a lady of Girgenti, a fifth in a gentleman of Petralia Sottana, province of Palermo; and the last, which case I am about to describe, in the person of a young man of Cefalu. My friend Dr. Cassata informs me that he has observed in this latter city several cases of Elephantiasis of the Greeks.

History.—Antonio Glorioso was born at Cefalu, in 1842, of poor parents belonging to the fishing community, by name Camillo and Ninfa Sirignano, who have always enjoyed good health. The same may be said of the other members of the family, who have never shown any signs of lepra, syphilis, cancer, or of gout. The young Glorioso has always lived in the midst of the most wretched misery, in a damp and miserable hut. He has rarely eaten meat, sometimes only salt fish: his usual nourishment being bread, beans, and fresh fish. After having enjoyed good health for the first ten years of his life, there appeared, without any appreciable reason, numerous brownish spots on the skin, accompanied with a certain degree of anæsthesia, upon which small tumours commenced forming: these, gradually increasing in size and number, have reduced the poor patient to the state in which we

find him. Glorioso has had no remedy opposed to his disease, if we except the extirpation of two tumours, performed by a surgeon without any benefit, since the tumours were reproduced in the same situation.

Present State.—The following description refers to the month of June, 1868, when the photograph was taken. The patient was covered with tumours, isolated or clustered together, on a large portion of the surface of the body, and principally on the face; in the upper limbs, on the elbows and hands; in the lower limbs, on the nates, the knees, and the feet. The arms, the shoulders, the chest, the abdomen, and the legs presented only some small tumours, sprinkled here and there. The form of these tumours is spherical or oval. The dimensions vary between the extremes of a pea and a moderate-sized orange. The colour is different, according as the tumours are situated in a part exposed to the air, or covered up. Those of the face and hands have a coppery colour; the others are of a pale rosy hue. The consistence is elastic, like that of fibro-plastic tumours.

The surface is generally smooth, and without any epidermic exfoliation. There are, however, some crusts in all the grooves formed by the clustering of the tumours. Sensibility is not destroyed, but shows a certain degree of diminution. The skin has a cicatrix at the occiput, due to a wound: for the rest we should say that all was normal, if a certain degree of anæsthesia were not present.

There is not that character of dryness, which, joined with tubercles, gives to the skin of lepers a certain resemblance to the skin of the elephant. The nails are friable, when upon their roots tumours take their rise; the others are healthy. The hairs have nothing abnormal. The voice is a little hoarse, without there being any tumour in the isthmus of the fauces, or in the nares. Some vermin were observed on the head, but upon the rest of the body there is no trace of them. The patient suffers from violent neuralgic pains in a paroxysmal manner, but there is no regularity in their attacks. He does not experience venereal excitement, this propensity being diminished. His sight fails after midday hours, to be almost entirely extinguished towards evening. Beyond the conditions stated, no others require mention. It is to be observed that the nutrition of the members is sufficiently good; and so much so, that Glorioso would not consider himself ill, if he had not the tumours. His functions are performed regularly; his breath is not fœtid; his respiration and circulation present nothing abnormal.

Treatment.—The patient did not undergo any treatment at Palermo, where he was kept only for the time necessary to be declared by the military sanitary council unfit for profitable labour. Advised in Cefalu to undergo an arsenical or alkaline treatment, he refused.

Observations.—The causes of elephantiasis have been the occasion of long study. All writers, from Avicenna to Prosper Alpinus, and from him down to the most recent, have insisted upon the use of salt fish as a most powerful cause in accelerating the appearance of the disease, when it is hereditary, and to determine it in other cases. Fresh fish, a little tainted, is injurious. The fat fish of the ponds and marshes are mentioned as the cause of elephantiasis. A maritime climate appears to be favourable to the

generation of elephantiasis, to such a degree that Raymond, after making the circuit of the earth, mentions having seen the disease well characterized only in a maritime situation. Insufficient clothing, confined and ill-ventilated habitation, dirt and misery, are too common to be named as causes of a disease, so rare among us, but they may be named as auxiliaries of the principal causes.

German Dermatological Literature. Reviewed by J. L. Milton, Surgeon to St. John's Hospital for Diseases of the Skin.

CUTANEOUS PATHOLOGY OF CHELOIDES. — In the *Vienna Weekly Journal,* numbers for July 17th and 20th, 1867, Dr. F. J. Pick, of Prague, has some very interesting remarks on this disease. The *dartre de graisse,* he tells us, described and named by Retz, is identical with the cancroid and cheloid of Alibert and Rayer. The former was the first to describe, under the name of cancroid, the formation of a cicatrix on an uninjured skin, where there had been no suppuration, and which resembled the scar left by a burn. Rayer gave this the name of cheloid, and both authors extended the name to all new structures in this situation resembling the cicatrices left by burns. The division into true and false cheloid, Dr. Pick thinks, is essentially wrong; a false cheloid is not cheloid at all. After burns, scars may arise which are exactly like this disease; similarly extensive cauterizations are followed by scars which might be called cheloid, and this he equally objects to.

As far back as 1852, Dieberg, without having seen a case of cheloid, produced a valuable work on the subject, bringing together and tabulating all the literature relating to it. He separated spontaneous cheloid from cicatricial and warty scar-growth. Wilks added a syphilitic variety, and Longmore saw himself compelled to decide between a true and false cheloid: that of Addison and that of Alibert. De Chapelle brought the confusion to a climax by giving the name of cicatricial cheloid to the undermined scars which follow tertiary syphilitic ulcers on different parts of the body. Growths of this kind ought not to be called cheloid. Those which spring up in the centre of a scar where a lupus has been imperfectly removed by caustic are not cheloid, but lupus. The warty growth of Dieberg (the cheloid of Hawkins) is also not cheloid. These morbid exuberances are mostly new structures, at present generally named papillary tumours. Hawkins's cheloid and Köbner's papillary tumour follow frequent relapses of ekzema and erysipelas, œdema, and development of elephantiasis

Arabum. These tumours may reach an astonishing size, but they have nothing in common with the disease in question. Dr. Pick would therefore reserve the name for that affection in which the cicatrices spring up on an uninjured skin.

He then proceeds to describe a case of the disease which he saw in July, 1866. The patient, a merchant from North Bohemia, forty-five years old, who had enjoyed perfect health from his tenth year upwards, had never suffered from syphilis, and seemed to have no disease of the skin, either acute or chronic. The outbreak of the cheloid, which was seated on the back of the neck, had been preceded by a good deal of pain. The disease consisted of a swelling, formed by tubercles joined to each other; from this diverged several offshoots or spurs. The central knot was about the size of a hazel-nut, the two side ones as big as a bean. They were broad, raised about two lines above the level of the skin, of a rose-red colour, and stood out in clear relief from the deep-brown skin which surrounded them. The epidermis covering them was tender and somewhat wrinkled. The entire growth was hard and stiff, not sensible to pressure, and only movable when a large piece of skin was moved at the same time.

Dr. Pick, having left the disease alone for four weeks in order to satisfy himself as to the progress it was making, applied iodized glycerine to the growth, but as at the end of six weeks there was no improvement, the pain, indeed, being rather worse, he applied caustic potass, but to the tubercles only. Fourteen days later he used it again. After the scab from the second burning fell off, he touched the granulations every second or third day with nitrate of silver. Under this treatment complete cicatrization followed towards the end of November, the offshoots in the mean time growing smoother and paler. The piercing pains disappeared after the second burning, and did not return. Two months later—that is to say, in February, 1867—he again saw his patient. The artificial scar had by this time contracted a good deal, and neither it nor its offshoots troubled the patient any more. Dr. Pick considers himself justified in assuming that no relapse occurred, as the patient, whose business often brought him to Prague, would in such case certainly have shown himself.

Dr. Pick examined a small piece of the tumour under the microscope. He found very hard connective tissue, with elastic fibres imbedded in it. The structure of the skin had entirely disappeared, and there was no trace of hair-follicles or sebaceous glands to be seen.

This case shows, our author tells us, that such scar-like growths may spring up where there has been no previous

ulceration, and that the existence of the disease may be entirely independent of such commonly assigned causes as the prick of a pin, the stab of a knife, or the bite of a leech: that, in fact, cheloid may arise from a neurosis. What he says is so important that I reproduce his very words. "We rate," he says, "the influence which the nerves exert in the development of disease far too low, and throw ourselves upon some new created blood dyskrasia. . . . . We shall not be far out if we ascribe a material influence to the nerves in the development of cheloid."

Dr. F. Steudner, teacher of pathological anatomy at Halle, has just published in the form of a pamphlet an important communication on the anæsthetic form of leprosy, lepra mutilans as he calls it. Leprosy, he tells us, is still endemic in Germany, but the descriptions drawn from the writers of the middle ages had so mystified men by confounding with it other diseases, such as syphilis and scrofula, that they had almost ceased to take any interest in leprosy when Danielssen and Boeck, by their researches into the nature of the spedalskhed, first gave us some accurate information on the subject.

Dr. Steudner's paper is founded on three cases, which he details. The first was that of a woman 35 years old, and excessively stupid. She had enjoyed very good health up to two years previously, but she had never menstruated before her twenty-fourth year. Ten years before she came under treatment, she had lost the thumb of the right hand, in consequence of inflammation from a slight injury, and a similar but slighter inflammation afterwards attacked the second finger of the same hand. About two years ago she began to have cough, wasting, and perspirations, followed by shiverings, and violent tearing and boring pains, to which succeeded swelling of the right forearm and hand. These symptoms ushered in the disease, which consisted of a slight swelling of the right hand and arm, the colour of which was livid and the temperature heightened, flexion of the fingers, with some very slight loss of sensation, a broad, flat ulceration on the ulnar side of the right arm, just above the wrist, and an abscess about the middle of the arm and also on the ulnar side.

Cataplasms were ordered to the arm, and small doses of morphia given; the fluctuating spot was cut into, and a little pus let out. At the bottom of the abscess was found the ulna, deprived for some extent of periosteum; during the next few days small pieces of bone escaped from the opening. In the course of the succeeding month (January, 1866) a solution of continuity took place in the ulna without any assignable cause,

and this was followed by protrusion of the head of the radius through an abscess which had formed over it. The ulceration continually gained ground about these abscesses, and they spread in all directions; the patient became hectic, another abscess formed over the inner condyle of the affected arm; and finally, on the 4th of February, death ended her sufferings.

On dissection, the dura mater was found firmly adherent to the roof of the skull. The upper surface of the brain presented a normal appearance, nor was there anything particular in the substance of the brain or the ventricles. The spinal marrow was healthy, except that from the medulla oblongata, just below its entrance into the pons Varolii, there ran a hollow like a cleft, filled with a slimy, ropy fluid, which, with several interruptions, extended as far as the lumbar enlargement. This cavity seemed to have been formed at the expense of the grey substance. The thyroid gland was a little enlarged. In the upper lobe of the right lung there was a cavity, surrounded by a little grey, gelatinous infiltration. In the left lung was seen one small congested spot, which had passed into suppuration. The walls of the brachial vein of the right arm were thickened; the brachial plexus was normal. The radial nerve was thickened, and the cartilage of the right humerus was removed, as was also the periosteum of its distal end. The radius had lost its cartilages, and the lower end of it was thickened. The cartilages of the ulna were also gone, and the ulna itself was broken in two. An engraving in Dr. Steudner's essay represents both these bones (the radius and ulna) eaten away to a very unusual extent; in fact, a good deal of the osseous tissue was removed, partly by absorption, partly by expulsion after nekrosis. The first row of carpal bones of the right hand had been almost destroyed by caries, and the second had suffered from the same disease.

The spinal marrow, having been steeped in chromate of potass and alkohol, was divided into seventeen sections, and examined. The nucleus of the par vagum was separated by a thin layer of nervous matter from the bed of the fourth ventricle. In many of these sections there was loss of substance, shown in the formation of clefts and cavities; and in the vicinity of these the walls of the vessels were strikingly thickened. There were also marked changes in the neighbourhood of the thickened vessels. The grey substance was not unfrequently changed to a homogeneous colloid mass, and at certain parts the nuclei had entirely vanished; the nuclei of the grey substance were also often paler than usual. In some places there were groups of colloid vesicles. The separate bundles of the radial nerve lay bedded in a hard,

tendinous, connective tissue, and the walls of the vessels running through it were thickened. The neurilemma of the separate fasciculi of the nerve was greatly thickened, and the cell elements in the neurilemma were increased. In the radial, ulnar, and median nerves, but especially in the ulnar, the microscope showed a deposit, consisting of small granulated cells, lying in masses between the fibrils of the nerve. Many of the nerve-tubes were empty; in some places the neurine had broken up into little cubic or angular masses. Dr. Steudner considers the hollows in the spinal marrow due to absorption.

The next case was that of a woman 25 years old. The disease began with ulceration over the left great toe, which healed at the end of two years, but only to break out again on the second toe and completely destroy it. A year later the process was repeated on the great toe itself, destroying it; and two years later the third toe was removed in the same manner. Four years later on, in her fourteenth year, an ulcer formed on the sole of the foot, which up to the present time had never healed. On both the dorsal and plantar surfaces of the left foot, up to an inch behind the ends of the metatarsal bones, there was anæsthesia.

In the third case the patient, a woman 33 years old, had always been weakly from her birth, and had lost the index finger of the right hand from inflammation, the cause of which could not be ascertained. Later on a trifling injury brought on inflammation of the phalanx from which the nail had been separated, and about this time anæsthesia of the hand, almost to the wrist, was detected. Portions of bone were extruded, and at last the whole terminal phalanx was thrown off. After this an inflamed vesicle formed on the fourth finger. The left hand became powerless, and wasting of the muscles showed itself. The fingers were strongly flexed and their mobility was reduced to the lowest ebb. For the last eight weeks the patient had complained of pain in the region of the lower dorsal vertebræ, and there were often tearing pains in the extremities. There was a very slight degree of hyperæsthesia in the left half of the face, but there was little anæsthesia except in the right hand and a spot on one shoulder. The sensibility to pressure and changes of temperature was almost lost in this hand, whereas in the left hand it was little altered. The radial pulse could scarcely be felt in the left arm. No swellings in the track of the nerves could be made out. The sensibility and power of motion were not impaired in the lower extremities; the gait was rather unsteady. The patient remained a month under

treatment, during which time the only new symptom was a large inflamed vesicle on the left hand, the outbreak of which was preceded by violent pains.

In reference to these two cases, Dr. Steudner speaks very doubtfully as to the nature of many symptoms. There had been no vesications except in one instance, no shiverings, weariness of the limbs, wandering pains, or hyperæsthesia. He discusses at full length the various forms which anæsthesia assumes in this disease, and thinks scattered spots affected by insensibility more likely to occur where leprosy is indigenous, and to be absent when only a nerve or the nerve of a limb is affected. He considers the loss of sensation in the first case as pathognomonic. He assumes that the disease runs a much milder course in Germany than in countries infested with leprosy, and if the reader can come to the conclusion that these were really cases of the disease, he will scarcely feel inclined to dispute the fact of its much greater mildness.

The essay is evidently written in a spirit of the most honest and painstaking investigation, and will well repay perusal. Even those who dissent from the author's views must bear testimony to his truthfulness and industry.

---

*Italian Dermatological Literature. Remarkable Case of Makrosomia simulating Elephantiasis Arabum.** Reported by Dr. Lombroso. Translated by Marris Wilson, M.D.

THE patient whose case I am about to narrate is a man, thirty-seven years of age, a native of Mezzana Corte.

His father, who died in old age, from typhus, suffered in his youth from gout. His mother was subject to cutaneous and osseous affections, probably syphilitic; they were treated with mercury, and from them she died in her sixty-second year. His aunts and two brothers were healthy, but four died of meningitis. His sisters suffered from bronchitis and goitre; one paternal uncle died from inflammation, and another from atrophic porosity of the bones of the lower limbs. When our patient was, according to his own report, in good health, aged 21, he suffered from an attack of bronchitis, or rather of bronchorragia. Cured of this, his whole body appeared to increase in size, very rapidly, so that in four months he was obliged to have his clothes altered three times, and then, on account of intermittent fever, alternating between his bed and the open air, he began to suffer from an extraordinary voracity of appetite, from pains in the bones, in the joints, and in the stomach.

He became by degrees nearly unfitted for labour, and although during

---

* Giornale Italiano delle Malattie Veneree e delle Malattie della Pelle.

the last three months he did some work occasionally, he was obliged to give up his customary pursuits on account of failing strength and increasing attacks of dyspnœa and cardialgia. When I visited him a few days since, sixteen years from the beginning of the disease, he weighed about 265 pounds, was 5 feet 11 inches in height, with a skin of a dull yellow colour, and a small bushy beard of a chestnut colour, and coarse.

The head is normal, it is the kind of head that the Lombard population commonly present. Its capacity is that of a Lombard of middle stature, the circumference being about 23 inches.

His ears are of normal size and properly placed, but disproportioned, especially in width ; the face reminds one, in its monstrosity, of something between a gorilla and a lion. The distance between the cheek-bones is enormous, and more particularly the length and bulk of the lower jaw, which, in spite of its immense development, reaches only to the level of the upper jaw. The soft parts of the face do not follow in an equal proportion the development of the bones. The eyes are little larger than usual, the nose and the tongue but little increased in size, the lips are voluminous, especially the lower. The teeth are nearly all wanting, the few remaining being of ordinary size and conformation. The neck is enormous, double its proper size, and so also are the shoulders, the scapulæ, the clavicles, and the whole circumference of the thorax, which over the mammæ measured 52 inches.

The arms and thighs do not present any hypertrophy, but from the middle of the forearm and of the leg to the extremities of those limbs there exists an extraordinary hypertrophy, more however in the upper than the lower limb. All these differences will be more apparent from the following measurements : height 5 feet 11 inches, circumference of neck $18\frac{1}{2}$ inches, of chest 52 inches, of middle of upper arm 13 inches, of forearm $14\frac{1}{2}$ inches, of hand $15\frac{1}{4}$ inches, of thumb $4\frac{3}{4}$ inches, of middle of leg 18 inches, of ankle $15\frac{1}{2}$ inches.

The bones increased in size are the zygomatic, vertebral, costal, sternal, forearm, foot, and hand. Those remaining normal are the femur, humerus, bones of the cranium, and in part those of the pelvis.

The skin of the patient is of a yellowish-red colour, and remarkably condensed, like Elephantiasis Arabum, in the hypertrophic regions of the forearm, foot, and face ; it is pale in the remaining healthy portions of the humerus and of the thigh. The flesh of the hypertrophied limbs appeared to the touch of a hardness more than muscular, rather lardaceous or cartilaginous.

Auscultation of the chest develops a sibilant râle concealing entirely the sounds of the heart, of which percussion does not enable us to ascertain the size, from its being completely covered by the emphysematous lungs. The pulse varies from 80 to 90, heat moderate, urine normal. He complains of dyspnœa, and of a voracious hunger, which has never quitted him since the beginning of his abnormal increase in size ; he has violent cardialgia after eating, is easily fatigued, sometimes trembles after exertion, and has pains of the eyes, ears, mouth, and anus. The sensibility to touch is scarcely altered, indicating with the estesiometer at the end of the index finger 4 millimètres, and on the forehead 2 millimètres ; on the tongue alone it appears dimi-

nished, indicating only 5 millimètres ; the tongue also seems to be scarcely sensible to pricking, although the other organs of the body are physiologically sensible to pain, as I have verified by electric algometry. His intelligence is good, and the mind more sensitive than is the common lot of labourers. His memory is also good, but I noted that it weakened when he remained long with his head bent down at his labour. Although young, and in his earlier years a passionate lover, he has lost all tendency to venereal desire, and he is not troubled with nocturnal emission. I have collected the details of this case as minutely as possible, since it is among the most rare of human monstrosities (teratologia).

According to the authority of Virchow, cases of hyperostosis (as he names them), or partial gigantic swelling, are frequent, especially in the face, and as a consequence of injuries,—from extraction of teeth, for example. Those nearly general, as in the present case, are so rare that there are recorded scarcely two cases truly authentic, in addition to one single case in published works.*

The latter is the case related by Saucerotte, of a man 39 years of age, in whom, in the course of four years, the face, vertebræ, scapulæ, clavicles, sternum, ribs, femur, and the soft parts corresponding with these bones, were observed to increase in size ; deformities which appeared the more monstrous because the other bones remained of their original size. The eyes were forced to the level of the forehead, and the lower jaw extended an inch beyond the upper. He suffered precisely as our patient does from dyspnœa, and the weight of his body increased from about 262 pounds to 392. The specific gravity and quantity of the urine were notably increased by salts and earthy phosphates. (Virchow, Geschwülste, ii. p. 120.)

But a case overlooked by Virchow, and perhaps of more importance, was illustrated by our own countryman, Verga. A certain Maria B., of Milan, was attacked by small-pox at 12 years of age ; at 25 years the menstrual discharge, which had been most copious at its commencement, ceased, and then several tumours formed about the joints, especially of the legs ; on the disappearance of these at 35 years of age, there followed pains in the legs, dropsy, and finally increase of size of the whole body, so that she was

---

* The first case was observed by Malpighi, and occurred in the face. (Op. Post., p. 49.) A second is noticed by Bojana, and a third by Huschke. (Ribes, Craniosclerosi, 1830.) The most ordinary case, however, of prosopectasia acuta, as Verga called it, is that of Forcade, jun., in whom in consequence of small-pox, an osseous tumour formed on the nasal process of the right maxillary bone, and spread to the alveolus, the floor of the orbit, and the forehead. In a fifth case, mentioned by Gruber, a similar enlargement of the face associated itself with coma, delirium, deafness, and epilepsy, all these succeeding to an attack of measles. In a case narrated by Eastes, after a fall upon the right knee, the limb increased in size to five times that of the left. (Medical Times,—1867, July, p. 22.)

A case of prosopectasia was observed by the illustrious anthropologist and anatomist, Gaddi. Another was recently seen by Professor Oehl in a skull dug from a grave at the Hospital of Pavia. A case of lengthening of the arms, and of the cervical vertebræ, in an idiot, following upon acute disease, was observed at Milan. A case of lengthening of one arm was seen and treated by Quaglino.

obliged to change her ring three times. The face enlarged monstrously ; the lower jaw was 10 inches long, and the symphysis of the chin 2 inches high ; the heart was double its normal size, the lungs emphysematous. Of greater consequence, however, was the fact that Verga could point out with almost certainty the cause, and we may note the coincidence with the two other cases cited above, which was the variolous eruption, the arrest of menstruation, and the pathological constitution which accompanies a porous condition of bones (osteoporosi). At all events it does not appear from the description of Verga that the limbs increased after the manner of our pseudo giant.*

In our case, which is the third or fourth extant, what can be assigned as the cause ? Nothing with certainty, only we must remark the frequency of disease of the osseous structures in the family, in the mother and in the uncles. That there was to be considered in our patient more of a hyperostosis, of a condensation than a porosity of bone (as in Verga's case), I should infer from the remarkable increase in weight of the body, which was nearly double the mean of a healthy Lombard of equal stature. I should also infer from this, that in some of the soft parts, for example, in the skin of the enlarged limbs, there would be also a true hypertrophy, with a greater deposit of pigment and a condensation of epidermis something resembling Elephantiasis Arabum. As to the disturbance which the patient experienced from dyspnœa, from cardialgia, and pains corresponding with the osseous cavities, these are well explained by the loss of equilibrium between the hard parts and the viscera ; the latter are unable to retain their position in the strange pathological capacity of the former, which reduced the patient to the condition of a strong and adult man in whose chest beat the heart of an infant.

Editorial Commentary.

INTERNATIONAL DERMATOGRAPHICAL CONFERENCE.

WHEN less than four years ago, namely, in January, 1866, the *Italian Journal of Diseases of the Skin*, led on by Soresina, issued from the Press, it could hardly have been anticipated that long before the *lustrum* was complete, three other European Journals devoted to the same subject would have made their appearance in the field, and have shown their readiness and ability to do honourable combat in the cause

* Very recently there appeared in the journal of Virchow a third genuine case.—*Vide* Journal of Cutaneous Medicine, vol. ii. p. 333.

of their faith. At the present moment *four* Journals of Dermatology, all bearing date January 1, 1869, and representing the wide domain of Europe, as well as more distant regions of the world, where Italian, German, French, and English are spoken, are now lying before us, and the names associated with them, besides our own, are Soresina, Auspitz, Pick, and Doyon. Dermatology will no longer lack cultivation; Dermatology will no longer be deprived of the elucidation which intelligence, industry, and conscientious labour can bring to its perfection. Dermatology will not fail to occupy the position which as an all-important branch of medicine it is entitled to hold. Dermatology is no longer a learning appertaining to a town, a city, or a country; it is a learning which belongs to the world, it is cosmopolitan; no longer shall Milan, or Vienna, or Paris, or London rule the world of intelligence in this department of knowledge; but Milan, and Vienna, and Paris, and London shall have freedom of speech and freedom of pen to develop to the highest degree of which it admits this useful and valuable science and art. Moot questions shall be carefully considered; shall be honestly weighed; and truth alone shall have weight in the balance. Truth for its own sake; and truth moreover for the sake of the public whom we serve, and who are entitled to our fullest and most unstinted services.

Our Italian colleague lays before us an admirable paper by Professor Gamberini on the metamorphosis of cutaneous affections; and translates from our pages Mr. Hunt's excellent essay on the action of arsenic on the human system, in its adaptation to the treatment of diseases of the skin.

The Journal of Auspitz and Pick enriches our science with original papers by—Hebra on the Application of Caoutchouc to the Treatment of Cutaneous Affections; Köbner and Michelson on Parasitic Sykosis; Moriz Kohn on the Nature and Treatment of Lupus erythematosus; Hallier on the Vegetable Parasites of the Human Body; Zeissl on the so-called Subcutaneous Condyloma; and Pick on the Nature and Phenomena of Ekzema marginatum.

In the *Annales de Dermatologie* we have—Studies of Parasitism, by de Seynes; the Nature and Treatment of Ichthyosis, by Lailler; and Elephantiasis (Arabum) of the Nose, by Guibout. These original papers are exclusive of the useful repertory of reviews and extracts of interesting matters from every available source, which is common to the whole of the Journals.

To wish them all success is to wish ourselves success, and most heartily do we utter the aspiration.

DERMATOLOGICAL MUSEUM.

IN the first volume of the JOURNAL OF CUTANEOUS MEDICINE, page 225, we drew the attention of our readers to the announcement of a Dermatological Museum, which was in course of formation in Paris, in association with the Saint-Louis Hospital for Diseases of the Skin. The models in this collection are the most perfect and true to nature of any hitherto known; they are the work of an eminent artist-modeller, M. Baretta, and bid fair to constitute one of the most valuable educational collections in the world. The material of which they are constructed is the secret of the artist. They are not composed, as has been heretofore the case with models of a similar kind, of wax, but of a light and comparatively indestructible material; and they admit of being washed when discoloured or stained with dirt or dust; no doubt a great convenience, and one, probably, necessary in the course of time, but nevertheless a process to which, as objects of science and art, we should very unwillingly subject them. Twenty-seven of these models, duplicates of those in the Saint-Louis Museum, have lately come into our hands; and we hope, before long, to have the means of placing them at the disposal of the profession. In the mean time we lay before our readers a catalogue of the specimens, of itself not uninstructive, especially as we have felt it necessary, in some instances, to depart from the nomenclature of our French colleagues, and to substitute one of our own. Our readers, and those who study the models, must be the judges of how far we are warranted in making such alteration.

1. EKZEMA of the thigh and leg of an adult, presenting two principal patches of *ekzema crustaceum*, with an abundant eruption of *ekzema papulosum* in the circumference of the patches. The patch on the leg is made up of four primary circular patches. It is 3 × 4 inches in diameter, and irregular in figure; that on the thigh measures $1\frac{1}{4}$ inch in diameter, and is nearly circular; while two of smaller size, scarcely half an inch in diameter, are situated, one near the middle of the thigh, the other near the patella. The general features of the patches are the same in all, namely, a thin yellowish crust covering the area; and a raised and inflamed margin, surrounded by an erythematous blush of greater or less extent, *ekzema erythematosum*. The ekzema erythematosum of the calf of the leg consists of a blotchy redness, studded with papulæ, some red, others covered by a thin scale. As a

whole, this model is an admirable illustration of the ordinary type of ekzema. In the Saint-Louis collection the number of the piece is 60. The patient was under the care of Lailler, and the note which accompanies the model states that he was a man aged 47. The disease had existed two months and a half. It occupied the limbs; gave out an abundant discharge, and was accompanied with excessive pruritus, especially at night. He was admitted into hospital on the 10th of March, 1868, and discharged on the 13th of April, much improved. The treatment consisted in dressing with an ointment of subnitrate of bismuth (4 ad 30) at first, and subsequently, baths, containing bismuth. With reference to antecedents, he is said to have had three chancres at the age of nineteen.

2. Ekzema erythematosum (exfoliativum). — The eruption occupies the front of the right shoulder and neighbouring part of the arm and chest, probably extending into the axilla; while a portion of the disease is seen in the groove beneath the mamma. The case is peculiar, from presenting a considerable number of closely grouped red areæ of a circular figure. The areæ range in size from a quarter to half an inch in diameter, and each area is bordered by a white edge of desquamating cuticle. Between the areæ, puncta and small red spots may be seen, the developmental forms of future areæ. That the eruption was pruritic is evinced by the presence of an excoriation, produced by scratching with the nails, on the outer side of the shoulder. This model, No. 29 of the Saint-Louis collection, is termed "pityriasis rubra;" the patient, a man, aged 23, was under the care of Lailler. The disease had been in existence six weeks, and had increased in severity during the last week. There was an absence of fever, but restlessness and perspirations at night. He was admitted into hospital on the 21st of March, 1867, and discharged cured on the 6th of April; his treatment consisting of baths, simple and starch; and the vapour-douche every second day.

3. Ekzema squamosum palmare, and Ekzema fissum.—The disease in this instance is manifested by the thickening of the cuticle of the palm of the hand, the ulnar prominence of the wrist, the ulnar border of the hand, and the prominence of the metacarpo-phalangeal joint of the thumb. The cuticle is rough, squamous, and discoloured; and the tendency to fission of the skin is shown by the presence of five large rhagades; one in the palm, and two each on the joint of the thumb and the convexity of the inner border of the hand. This piece is No. 56 in the Saint-Louis collection, and is termed by Lailler, by whom the case was treated, *ekzema leichenoide palmaire.*

The patient was a woman, 49 years of age. The disease had been in existence for eighteen months. It began in the hands, and afterwards attacked the feet (No. 4). She entered the hospital on the 29th of January, and was discharged on the 10th of March, considerably improved. The remedy employed for the cure was the glycerinum amyli.

4. Represents the foot of the same patient; the epidermis covering the heel is enormously thickened, and has split vertically into polyhedral masses. The degree of thickening is by no means exaggerated, and when the masses are separated from their contiguous boundaries, they have the appearance of being made up of vertical fibres like those of a wart. The term squamous is hardly applicable to this enormously thick, fissured, rocky-looking mass, but no other term has, up to this time, been suggested. Comparing the thickened mass with the palm of the hand, it will be seen that it is merely an exaggeration of the latter; while the four excoriated patches in the hollow of the foot, evidently produced by scratching, are an evidence of the pruriginous nature of the affection. The number of this model in the Saint-Louis collection is 55; and the disease is more recent than that of the hands.

5. Ekzema tuberculatum (pruriginosum).—This model represents one of the irregular forms of ekzema, developed on the dorsum of the foot, the ankle, and inferior part of the leg. The whole of this region is covered with prominences ranging in size from little more than one line to nearly half an inch in diameter, round flat tubercles, very little elevated, consisting of indurated integument, and more perceptible to the touch than to the eye. The largest of the tubercles are seen upon the dorsum of the foot, while ample evidence of the pruriginous character of the disease is afforded by the marks of the nails upon the ankle and the lower part of the leg. This model is No. 7 of the Saint-Louis collection, and bears the extraordinary name of "Elephantiasis nostras avec leichen hypertrophique." The patient was under the care of Dr. Guibout, and left the hospital much improved; but no account is given of his case.

6. Ekzema papilliforme (Cauliflower growth).—An irregular form of ekzema, consequent on the prolonged duration, and consequent irritation, of the disease. The cauliflower growth extends from the heel, across the outer ankle and dorsum of the foot to the toes. The skin immediately bounding the granular mass is red, and thickened by infiltration, as is conspicuous along the upper border of the disease, and particularly in front of the ankle; and the subdivision of the granulated mass into polygonal and hemispheroidal lobes, and

the latter into lobules and papilliform granulations, is excellently shown. The number of the model in the Saint-Louis collection is 22; and the case was under the care of Bazin, who terms it "éruption papilliforme consécutive à de l'ekzéma," and also "forme d'ekzéma dégénérée." The patient was a commissioner, 28 years of age; his occupation forced him to take much walking exercise, and four years previously he was tormented with an in-growing nail. In his attempts to cut the nail, he had excited a slight inflammation of the skin; subsequently the inflamed part threw up a papilliform vegetation, and the growth had increased, until it attained its present hypertrophous dimensions. He was received into hospital on the 30th of January, 1868; parents healthy; appetite good; but he had been the subject of tinea for twelve years. His treatment consisted of:—pulverization with the St. Christome water, by means of the hydrofère; poultices, bitter infusion four times a day, and slight cauterization with chromic acid. He still remains in the hospital, but is considerably improved.

7. Ekzema unguium of the hand: there is a slight redness and roughness along the border of the wall of the nail; and the nail is thickened at the expense of its deeper portion, that which is formed by the matrix. This portion forms a thick wedge, which lifts up the surface layer of the nail, and forces it backwards and upwards. The number of the model in the Saint-Louis collection is 24. The patient was under the care of Bazin; he was a paviour, 54 years of age, and was admited into hospital on the 23rd of October, 1867. The affection was present on the feet, as well as the hands; it had been in existence for three years, and was unattended with pain. The treatment consisted in filing the nails down to a proper level, vapour-baths, and the internal use of an alkaline syrup.

8. Impetigo of the face, in a delicate boy, aged 16: the eruption is of the scattered kind, impetigo sparsa, but in the left maxillary region is somewhat clustered, impetigo figurata. The phlyktænoid pustules are each covered with a thick crust. The model is 17 in the Saint-Louis collection, and the patient was under the care of Lailler. He is reported as of a feeble lymphatic constitution. He was admitted into hospital on the 7th of November, 1867, and discharged cured on the 3rd of December; his treatment consisting of poultices, soap-bath, huile de cade, and sulphur-baths; and cod-liver oil, locally and internally.

9. Erythema pellagrosum affecting the dorsum of the hand; the erythema is a circumscribed circular blotch extending from the middle of the first phalanx of the index and middle finger and thumb to above the wrist, in one direction,

and from near the ulnar border of the hand to the radial border, in the opposite direction. The redness is pretty uniform over the whole area, and the latter is bounded by a red margin, which is blotchy from point to point, indicating the presence of new centres of hyperæmiation. The model is No. 3 in the Saint-Louis collection, and the patient was under the care of Lailler. He was a man, aged 36, of unhealthy hygienic circumstances; admitted into hospital on the 29th of May, 1867, and discharged cured on the 3rd of September, 1867; his treatment consisting of sulphur-baths, starch-baths, vapour-baths, and glycerinum amyli.

10. Pemphigus acutus.—The lower half of the right leg and foot, inner side; upon which are scatterd nine bullæ, ranging in size between that of the hemisphere of a large pea, and that of a large hazel-nut; and about the same number of circular excoriations caused by the rupture of other bullæ. The contents of the bullæ are semi-purulent and opaque; the distended bullæ are without areolæ, but the excoriations are surrounded by an erythematous desquamating border, within which is seen an edge of collapsed cuticle; and within the latter, a thin brown scab. On one or two, the scab is thicker, almost amounting to a crust; from others an ichorous sanguinolent discharge is seen to be issuing; and in two places there are clusters of three or four excoriations, in which the erythematous borders and excoriated bases have become blended, so as to form inflammatory blotches. The model is No. 13 in the Saint-Louis collection, and the patient was under the care of Lailler, who gives no history of the case.

11. Herpes zoster seu intercostalis of the left side of the trunk; occupying about the 4th, 5th, and 6th intercostal spaces, and extending from the region of the posterior border of the scapula to the ensiform cartilage. The blotches are continuous throughout the whole extent of the eruption; but a few isolated blotches of small size and scattered vesicles may be seen along the upper and lower boundary of the patch. The nipple is completely surrounded; and the illustration, as a whole, may be regarded as a severe example of the disease. The model is No. 85 of the Saint-Louis collection, the patient having been under the care of Lailler; and is denominated "zona." The subject was a man 60 years of age, who entered the hospital on the 4th of August, 1868, and quitted it by his own wish on the 14th, much improved. The treatment consisted in the application of the perchloride of iron; whether in solution or otherwise is not stated.

12. Lepra dorsi manûs et unguium.—The case is not

typical nor characteristic, and might very reasonably be mistaken for chronic ekzema. Nevertheless, close inspection will prove instructive. One broad, square-shaped patch occupies the whole of the back of the hand, from the wrist to within a short distance of the knuckles of the metacarpo-phalangeal articulations. Above the wrist are three or four small circular patches, the largest being a quarter of an inch in diameter. The nails are marked transversely, and, as it would appear, fissured. The model is No. 23 in the Saint-Louis collection, wherein it is termed: "psoriasis des ongles." The patient was under the care of Bazin: he was 42 years of age, of nervous temperament. This was his third attack of lepra, which commenced, as a general eruption, eight years before, and on the present occasion attacked the nails of the hands. The nails are remarkable for their transversely fissured state. The treatment consisted in alkaline baths, frictions with the pyroligneous oil of juniper and tar ointment; and the nails were completely restored.

13. Lupus scrofulosus of the face; affecting the tip of the nose and both cheeks. The patient, a young woman, aged 24, was under the care of Drs. Guibout and Lailler: the model is No. 27 of the Saint-Louis collection, wherein it is termed "impetigo rodens," and "scrofulide aknéique." The disease made its appearance for the first time four years before; it was then cured, but returned in December, 1867, when she was again admitted into the hospital, and was discharged cured on the 10th of December, 1868. She was of sanguine temperament, never had any venereal affection, nor was there any family disease. Her treatment consisted first of all in the application of iodoform, then of zinc ointment, and next, of the iodohydrargyrate of potassium, but without any result. Under an antiscrofulous treatment, consisting of cod-liver oil and ioduret of iron, there was some amendment. After several relapses, she was put under iodide of potassium, with local applications of tincture of iodine, on the 13th of November, 1868, and was discharged cured on the 10th of December.

14. Lupus erythematosus.—The model exhibits two patches of this disease, the one of oval figure, partly erythematous and partly cicatricial, in front of the ear; and a larger circumscribed patch that extends from the back of the ear over the mastoid process; on the latter, the hair has been destroyed, and the skin is in a state of partial atrophy. The model is No. 1 in the Saint-Louis collection, and the patient was under the care of Lailler. She was 50 years of age, and this was her second recourse to hospital, after an interval of five years.

Her treatment consisted of baths, and the application of tincture of iodine, tincture of the perchloride of iron, and of an ointment of the iodohydrargyrate of potassium: she quitted the hospital considerably improved.

15. Fibroma tuberculosum.—This is a remarkable case: the model is No. 76 in the Saint-Louis collection, and the patient was under the care of Dr. Guibout, by whom it is termed "tumeurs fibro-plastiques." The face and neck, together with the front of the chest, is nodulated all over with deep cutaneous tumours of the average diameter of half an inch; and the tumours evidently result from hypertrophy of the fibrous tissue of the corium. On the face the tumours are smaller, reddish, and neither so prominent nor so well defined; and there is evidence of chronic inflammation, possibly ekzema, of the eyelids. On the neck and chest the tumours are:—some more defined and prominent, and red; others paler and more deeply seated; the prominent tubercles show signs of inflammation, and, in two or three places, of superficial ulceration. The fibrous tissue of the whole of the right mammary gland is involved in the disease; and around the circumference of the gland are seen numerous well-defined tubercles, which are connected with the morbid gland-structure by subcutaneous cords. This is especially the case along the upper segment of the gland; and from this segment there radiate six or seven of these subcutaneous cords, which terminate in rounded tubercles. From two of the latter, the subcutaneous cords proceed upwards to the tumours in the neck, which form three prominent cord-like and tuberculated ridges; and from this arrangement there results a well-marked cheloma (cheloides) of somewhat complicated figure. The disposition of the two vertical cervico-mammary cords is worthy of close observation: the narrower is partly intercepted by a round tubercle; the broader is enlarged in the middle; and between the two is a small round tubercle, seemingly suspended by its cord from the transverse cervical prominence. This model serves to confirm the recognized identity of cheloma with fibroma, and may be taken to illustrate the two affections. A detailed report of the history of the patient is published in *L'Union Médicale*, No. 86, for July 21, 1868.

16. Molluscum areolo-fibrosum (fibroma molluscum, Virchow).—This model represents the right forearm and hand of a woman, 50 years of age. The forearm, on its flexor side, and particularly at its middle, is studded with fifteen or twenty small tubercles, very slightly redder than the surrounding integument, and ranging in size from two lines to nearly six lines in diameter, that is, from the size of the hemisphere

of a small pea to that of a small hazel-nut, the largest being prominent about a quarter of an inch. And in the spaces between the tubercles are a considerable number of minute papules; these latter being particularly conspicuous on the ball of the thumb. The tumours bear the external evidence of being that which they are known to be pathologically; they are soft to the touch, and composed of a fine and loose areolo-fibrous tissue, being in fact an hypertrophy of the connective tissue of the upper stratum of the corium, while No. 15 is an hypertrophy of the fibrous tissue of the deeper and firmer stratum of the corium. This pathological state is also illustrated by the fingers: the areolo-fibrous accumulation has caused a swelling of the first three fingers, the ends of the fingers are broader than natural, the lines of flexion of the third phalanges are obliterated, and there is a soft, flabby, compressible, and remarkably prominent enlargement of the front of the middle finger. This model is No. 82 in the Saint-Louis collection. The case was under Lailler, but not retained in the hospital in consequence of the hopelessness of cure.

17. Tinea seu Phytosis circinata.—The model represents the front of the chest and shoulders of an adult female. The right shoulder is occupied by a large patch of eruption bounded by a prominent red margin. The patch has resulted from the confluence of a number of circles; hence the boundary is undulated and irregular. It extends upwards for a short distance upon the base of the neck, backwards to the scapula, forwards to the sternum, for a short distance downwards on the shoulder; and between the latter and the front of the chest there are a number of annuli of various size, depending, as it were, from the inferior margin of the patch, like the fringe of an epaulette. At the sternal extremity of this patch are two annuli, one an inch and the other two inches in diameter, with smaller satellites. A large circle, nearly two inches in diameter, with four smaller rings, is situated immediately to the right of the middle line of the sternum, and a twin-circle just over the right mamma. Around the latter are upwards of two dozen spots ranging in size from two to six lines, and three or four rings. The eruption, as a whole, forms a very remarkable picture; the areæ of the rings are lighter in colour than the margins, and are marked by the outlines of previously existing rings and scattered papulæ, while the smallest patches are solid, and have not yet commenced to subside in the centre, so as to give rise to the annular character. The model is No. 70 in the Saint-Louis collection, and the patient was under the care of Dr. Hillairet, by whom the affection is termed "*Erythème marginé.*" There is, unfortunately, no medical

history of the case; the treatment consisted of alkaline baths and alkaline syrups, and the patient was discharged considerably improved.

18. Favus.—A single cup of favus, half an inch in diameter, and nearly two lines in elevation, developed on the upper part of the thigh of a little girl seven years of age. The model is numbered 21 in the Saint-Louis collection, and the patient was under the care of Dr. Guibout. There were no signs of the disease on other parts of the body; and the treatment consisted in removing the crust by means of a starch-poultice, and subsequently applying the anti-parasitic remedies.

19. Folliculitis setosa with accumulation of epithelial exuviæ in the follicles, the latter appearing as black bristly points, and slightly projecting. The affection is exhibited on the forearm, where may be seen three principal patches; the largest, almost circular, an inch and a half in diameter, a little above the front of the wrist; a straggling patch above this; and a third over the supinator muscle near the elbow. The model is No. 58 in the Saint-Louis collection; the patient having been under the care of Lailler. The disease is named "Leichen pilaris circumscriptus." There is no history of the case, and no report of treatment.

20. Sauriosis squamosa seu Ichthyosis sebacea.—A well-marked example of this affection occupying the ankle and dorsum of the foot. The saurian-like scales are most strongly defined along the line of flexion of the joint; they are black from the attraction of dirt from the atmosphere; and the apparently unaffected skin is roughened by desquamation, xeroderma. The model is No. 4 in the Saint-Louis collection, and bears the name of "Ichthyose noire cornée." The patient was under the care of Lailler. A boy 14 years of age, a brother, was similarly affected, but there was nothing of the kind in their parents, and the affection manifested itself in infancy. He was admitted into hospital on the 15th of May, 1867. All trace of the disease had disappeared at the end of a week; and he was discharged on the 8th of June. His treatment consisted in the use of glycerinum amyli, and simple baths.

21. Elephantiasis tuberculosa (Græcorum).—An excellent example of the ancient leprosy, its tubercular form: the sombre, frowning, leonine brow; the absence of eyebrows; the tubercular face; the falling-in of the nose, indicating ulceration of the nares; the purplish hue of the blotches on the forehead;—all these are characteristic features of the disease, and well shown in the model. The latter is numbered 33 in the Saint-Louis collection; the patient was admitted into

hospital, under the care of Lailler, on the 12th of July, 1865, and transferred to the Salpêtrière, an hospital for incurables, on the 19th of June, 1867; where she died in November of the same year. She was the child of French parents settled in Senegal, on the west coast of Africa, her father being the governor of a prison; she was nursed by a negress, and the disease made its first appearance at the age of eight years. At the age of seventeen, she is reported to be wanting in the development appropriate to her age; there was no trace of mammæ; she had no hair; and the genital organs resembled those of a girl of eight or ten years old. There was, however, no want of intelligence.

22. Dermatosyphilis papulosa circinata. — The rings are small, ranging between a quarter of an inch and half an inch in diameter; while around their circumference are scattered a few isolated papules and several small erythematous spots. The eruption is centered chiefly on the forehead at the root of the nose, around the nares and mouth, and upon the chin, where the rings are coherent. The model is No. 75 in the Saint-Louis collection; the case was under the care of M. Guibout, and the form of eruption is termed "Syphilide circinée." The patient was a woman 19 years of age; her treatment consisted of one pill of the protioduret of mercury daily, and she quitted the hospital at the end of a week, in spite of remonstrance.

23. Dermatosyphilis tuberculosa. — The tubercles are small, between two and three lines in diameter, thickly dispersed over the forehead and neck, and, upon the lips and chin are confluent, forming a large tubercular blotch. The model is No. 73 of the Saint-Louis collection; the patient, a woman, under the care of Dr. Hillairet, by whom the eruption is termed "Syphilide papuleuse." Her treatment consisted in the use of protioduret of mercury, with cinchona wine.

24. Dermatosyphilis tuberculosa scabida. — This is a syphilitic eruption in a retrogressive stage, consisting of circular scabs resulting from the desiccation of a fluid secretion, and erythematous desquamating spots, from which it would seem that the scabs have been shed. The largest scab measures half an inch in diameter, the largest erythematous spot a quarter of an inch, while scabs and spots of smaller size, together with papulæ, are dispersed over the front of the forearm, which the model represents. The model is numbered 67 in the Saint-Louis collection; the case was under the care of Dr. Hillairet, and is vaguely named "Psoriasis syphilitique." No information is given as to the history of the case.

25. Dermatosyphilis rupia seu Rupia syphilitica.—The model represents the hip and upper part of the thigh, upon which are seen seventeen rupial crusts, of dark-brown colour, circular, and surrounded by an inflamed and raised border. The crust has a central boss and raised margin, and resembles an ancient shield (the artist has introduced a spiral outline which is accidental). Over the ilium is a cluster of five of the largest crusts, measuring one inch in diameter, and the largest of all nearly an inch and a half; over the trochanter are also two large crusts, but the rest, five on the podex and seven on the thigh, are smaller, their diameter being about half an inch. The model is No. 69 in the Saint-Louis collection, the case under the care of Dr. Hillairet; no history. The treatment consisted of one pill of the protioduret of mercury daily, with sulphur baths.

26. Onychia syphilitica (dermatosyphilis onychodes).—The nails of all the fingers are affected in various degrees with inflammation of their walls and matrices. The last phalanx of the index and ring fingers is swollen: in the former there is ulceration of the matrix with dislocation of the nail; in the latter, ulceration of the lateral wall. The model is numbered 91 in the Saint-Louis collection; the case was under the care of Lailler, and is designated "Onyxis syphilitique." The patient, a man 24 years of age, was admitted into the hospital on the 20th of October, 1868, and discharged cured on the 17th of December. In the July preceding his admission, he contracted a hard chancre, and was treated by antisyphilitic remedies in the Hôpital du Midi. His treatment in Saint-Louis consisted of one pill of the protioduret of mercury daily and two ounces of the syrup of iron, with the local application of iodoform. Some vegetations around the anus were cauterized with nitrate of silver.

27. Tubercula mucosa linguæ.—The tubercular growth ocupies the central line of the tongue from its middle to the tip; posteriorly there exists a broad circular patch; anteriorly there is an oblong patch terminating at the tip in a prominent ulcer. There is excoriation of the commissures of the mouth, and some fading papulæ are seen dispersed upon the upper lip and cheeks. The model is No. 101 in the Saint-Louis collection; the case was under the care of Hardy, and is designated,—"Plaques muqueuses végétantes de la langue." The patient was a woman, 54 years of age; she was admitted into hospital on the 3rd of December, 1868, and is reported as almost cured on the 26th of December. The treatment pursued was antisyphilitic; iodide of potassium and cauterization with the nitrate of silver.

Clinical Memoranda.

Propagated Irritation.—A married woman, aged 32, has an ekthymatous eruption on the back of the neck and on the fingers of the right hand, and a phlegmon of the first joint of the forefinger. She has been married eleven years and has two children; the youngest nearly four years old. She has always been healthy; but was very much exhausted by her confinements, taking a year to recover her strength in each instance. Moreover, she has worked hard, has had her share of anxieties, and has lived somewhat too abstemiously; but has never before suffered from a cutaneous complaint of any kind.

A month back, a heavy piece of meat fell on her right hand, the bone tore the skin just over the metacarpo-phalangeal joint of the index finger. She applied the universal cure of the ignorant, tincture of arnica. As a result of the operation of the twofold irritant, the wound and the arnica together, the part became inflamed, remained painful and swollen for a long time, and has only recently healed, leaving a red and somewhat infiltrated cicatrix.

About a week after the occurrence of the wound, some half-dozen ekthymatous papules, subsequently maturating into pustules, made their appearance around the nape of her neck; one of the ekthymata, of larger dimensions than the rest, assuming an anthrakoid character. And more recently, and within the last few days, a deep-seated phlegmon has taken possession of the soft parts upon the radial side of the first phalanx of the index finger at a short distance from the original wound, and has produced swelling and tension of that finger, of the neighbouring part of the hand, and, in a less degree, of the rest of the fingers. On the dorsum of the first phalanx of the three remaining fingers there is an angry ekthymatous pustule upon each, and on the palmar side of the same phalanx of the ring finger a bulla filled with serous fluid as big as the hemisphere of a large pea. There are besides, an ekthymatous pustule on the right upper arm, another on the left upper arm, and a few red papulæ on the upper part of the chest, more particularly at the right side.

Now, the interest attaching to this case centres in the rela-

tions subsisting between the wound of the hand and the subsequent development of an ekthymatous and anthrakoid eruption, together with a deep-seated phlegmon. It may be asked—First, why did not the trifling wound heal at once? Secondly, what proof have we of the dependence of the eruption and phlegmon upon the original wound? and, Thirdly, admitting this dependence, how is it to be explained? The case is a trivial one, but the issues are important, and all the more important because the case is a homely one, and therefore one that is common and of frequent occurrence. And the issue is important because the reasoning applicable to the explanation of this simple case is applicable also to the most complex and most severe that can be brought before us; and we are consequently led by a parallelism of reasoning from the most simple upwards to the most difficult and obscure.

Let us endeavour to answer these questions in succession. The original wound did not heal kindly and at once, for two reasons; in the first place, in consequence of exhaustion of constitutional nerve-power from insufficient diet, prolonged labour, and mental anxiety; and, secondly, from the immediate and injudicious application of a recognized irritant of the skin, namely, tincture of arnica. (*Vide* JOURNAL OF CUTANEOUS MEDICINE, vol. ii. p. 101.) It might be supposed that we should accuse the bone or the meat of poisonous qualities, and suspect the presence of some septic principle; but we see no reason for such a line of argument. We believe the local irritation alone to have been perfectly equal to the causation of the irritability and of the sluggish reparation of the wound.

Secondly, we infer that the remote cutaneous affection, namely, the ekthyma, the anthrakoid manifestation, and the bulla, as also the deep-seated phlegmon, were the secondary effects of the original wound, because such consequences have been frequently observed; because they occupied the same side of the body as the traumatic lesion, and because, in the instance of the hand, they may be said to have been in almost direct communication with it. Not that this latter fact is of much value, because we know the nerves to possess the power of the electric wire of bridging over space, and bringing the most distant regions into communication. In this way we explain the production of the ekthymata upon the back of the neck, and also the occurrence of one pustule on the upper arm of the opposite side of the body.

As to the third proposition, namely, the explanation of the dependence of the secondary phenomena upon the primary injury, we are not prepared to adopt a popular idea that the wound may have been poisoned—poisoned by the meat or

poisoned by the bone; in fact, inoculated with a septic poison; and that the poison was conveyed by the blood into the system. But, on the contrary, we would suggest an explanation which we fully believe, and one which is founded on the recent researches of Andrew Clark, of Burdon Sanderson, and Wilson Fox, namely, the propagation of an abnormal cell-nutrition from the wounded part to the seat of the secondary phenomena. In the experiments of these observers the nosogenetic process was propagated from the seat of injury to the central organs of the body. In the instance before us the secondary processes on the wounded hand were effected in a similar manner; and we think it not improbable that the local nervous system may also have taken part in the propagation, in the instance of the eruption developed on the back of the neck. The idea of a morbidly active cell-nutrition in no way, in my opinion, invalidates the supposition that the nerves may also be the means of diffusion of the morbid process by the propagation of a sympathetic impulse. It may, in fact, be a reflex operation, developing in a distant organ a function identical with that existing in the part from which the nerve influence springs.

We are aware that the question may be asked, has not pyæmia a share in the process? And to this question we should unhesitatingly answer in the negative. We will not deny pyæmia, by which we mean the transport of pus elements from the morbid to the distant part, entirely; but we believe that many phenomena are ascribed to pyæmia and to septic influence, which are in reality nothing more than the propagation of an irritation, to use an old form of expression; or, to speak more in consonance with modern views, the propagation of an exaggerated cell-nutrition and cell-proliferation. Two cases of death, apparently from disease of the lungs, after the simple operation for the removal of the whole or of a part of a diseased breast, have lately come before us, in which the secondary disorder was explained upon the hypothesis of pyæmia; but in both of these instances we were led to doubt the fact, and for many reasons are much more willing to credit the theory of a direct propagation of a morbid process from the seat of injury to the neighbouring deeply-seated organs.

Hæmorrhagic Prurigo.—A young lady, aged 17, has the face and forehead covered with red blotches, of pretty uniform size, and set at pretty equal distances apart. In figure, they are oval or oblong, some tapering at the end and slightly curved. Their size varies from a quarter to half an inch in breadth, to half or three-quarters of an inch in length. And their colour also presents some little variety, ranging between

the brighter red of recent origin and the dull red of declination, while some are almost black from the concretion upon their surface of a thin crust of dried blood. They are numerous and flat; and their greatest distance apart scarcely exceeds their length. As may be conceived, they give to the young lady's face, otherwise pallid and puffed, a very remarkable aspect. She has also similar blotches on the back of the hands, but nowhere else; and the white skin of the neck contrasts strangely with the extraordinary appearance already described.

We saw this young lady in consultation with Mr. Burton, of Lee, from whom we learnt the medical history of the patient. She comes of a nervous stock, had formerly evinced symptoms of chorea, and is of delicate and sensitive organization. Her functions are pretty regularly performed, although she has little appetite for meat; she is well grown, but pallid and pasty; her pulse is weak, conjunctivæ leukæmic, and her tongue soft and pale.

It was evident, at a glance, that the blotches were abrasions produced by the nails; and it was also evident that there must exist some cause for the scratching by which they were induced, together with a peculiar state of skin susceptible of being torn by a scrape of moderate force and of giving issue so freely to an escape of blood. This latter condition was illustrated in a very simple manner while she was under examination; she took off her gloves to show the back of the hands, and one of the blotches to which the leather had adhered, began to bleed, and in a short time poured out a quantity of blood altogether disproportionate to the slightness of the injury. Here, therefore, was a hæmorrhagic condition of the skin, although the case was not an example of hæmorrhagic diathesis; and the facility of bleeding explained several of the peculiarities of the case, among others, the thin black crust that covered several of the abrasions on the face. Another evidence, and a very striking one, of the cause of the abrasions was exhibited in several places, but more particularly on the forehead, where the oblong blotches, curved and tapering to the end, were evidently the impressions of the nails.

The young lady herself seemed to be unaware of the cause of the abrasions, and they occurred principally at night, so that new places were observed morning after morning without any apparent explanation; and this state of things had existed for nearly three months. Eleven weeks before, namely, in the early part of September, she had suffered from neuralgia of the superior maxillary nerves, referrible to

the incisor teeth; and shortly after this the blotches on the face commenced. We believe that the neuralgic condition of the anterior dental nerves, communicated a state of irritability to the terminal ramifications of the whole of the fifth nerve; that the nerve-irritability was manifested by pruritus, and that the abrasions were made by the nails for the relief of the pruritus. And it would seem not unlikely that the nerve-irritability and the hæmorrhagic condition of the papillary layer of the derma were naturally correlated. Moreover, the similar condition of the back of the hands must be regarded as a reflex phenomenon.

Let us read the medical history of this young lady:—An inherited nerve debility or irritability; symptoms of chorea; weakly nutritive power; leukæmia; neuralgia; pruritus; fragile structure of skin; and asthenic hæmorrhage. We have in our remembrance a similar case, but one of greater severity, which we met with some years back. The patient was a young lady, and her face was disfigured with blotches of dried blood; every morning when she awoke the blood was dripping from abraded patches, and her pillow was more or less stained. Like our present patient, she was a sufferer from abnormal neurotic sensibilities; but in her case the neurotic aberration of function was referrible to hysteria.

We have made out, we trust to the satisfaction of our readers, a case of hæmorrhagic tendency of the vessels of the skin due to asthenia; we must say, further, a few words as to our diagnosis of prurigo. Prurigo signifies *a morbid condition of the skin evidenced by pruritus;* it might be objected that the case which we have been describing was a morbid condition of the skin evidenced by hæmorrhage. The fact is that both propositions are true, but as pruritus precedes the operation which causes the hæmorrhage, and as prurigo is the only substantive expression that we possess to distinguish a disease of neurotic pruritus, we have taken it for better or for worse, and see no reason to be dissatisfied with our choice. In the present case there existed a punctated pruritus; the nails were used during the sleep or the half-sleep of the patient, and with no great violence, and the result was an involuntary and unperceived abrasion. In general, an amount of scratching equivalent to the production of an abrasion of the derma would be attended with pain; but in the state of nervous asthenia associated with such a case as the present, none is perceived. Even by day, when she was led to scratch an itching spot the blood followed, without her cognisance as far as pain is concerned.

Alopekia areata.—The case of alopekia which we have

just passed in review (March 20) is one of considerable interest, and is suggestive of a variety of practical considerations. The patient is a lady aged 45. She has been for some months nursing an invalid father; and anxiety, watchfulness, and confinement have told upon her health, and rendered her sensitive and nervous. Three months back she was seized with intense neuralgic pain in the side, accompanied with a sensation of scalding heat in the skin, a kind of zoster sine herpetibus. Then a pruritic irritation spread over the whole skin; but was most severe in the scalp, where it assumed a tingling character. These are the every-day symptoms of cutaneous neuralgia. About two months ago she was startled by finding the hair coming off in locks from the sides of her head. Several spots of alopekia areata were formed; and at present the baldness extends from the temples to the occiput, on both sides, leaving scarcely a hair standing on the bald surface: there is also a broad band of alopekia in the course of the sagittal suture.

These events are too eloquent to require exposition. Nervous exhaustion, neuralgia, and cutaneous neuralgia of the side of the trunk such as occurs in herpes zoster; the pricking and tingling pruritus of cutaneous neuralgia of the scalp; suspension of nutrition of the skin and hair; and the sudden fall of the hair. In the course of her treatment she complained of nausea and sickness of stomach produced by shampooing the bald skin at the back of her head. To those who have reflected on the force, the variety, and the ubiquity of nervous phenomena, there is nothing surprising in all this, nothing even remarkable, but nevertheless the facts are very interesting.

On the evening of March 19th, 1868, Dr. Ballard narrated the following curious case to the Harveian Society, which bears upon the pathology of the instance of alopekia at present before us. A young gentleman, after a long day, during which he had taken very little food, came home to dinner. He was suddenly seized with intense pain in the region of the epigastrium, probably the remonstrance of a wearied and neglected stomach. The pain subsided, and he proceeded to the dining-room, where he complained of being in darkness: upon this he was taken to bed, and after some hours the darkness gradually changed to grey, and in the morning he saw again as usual. Here, therefore, was a nervous phenomenon of a startling character, taking its origin, apparently, in a simple irritation of some of the filaments of the solar plexus; but this irritation, transferred rapidly to the retina, produced an utter perversion of function. The President of the Society,

Mr. Ernest Hart, recognized the phenomenon as a case of retinal epilepsy.

So, if a hungry nerve can produce a state approaching to blindness, an anxious and wearied and exhausted nerve may yield up its power to a greater or less extent, and refuse to perform its trophic function. In these cases we always find anæsthesia to a greater or lesser extent; a thinning of the tissues of the skin, from suspended circulation and nutrition, is also present, and generally a complete absence of hair. Sometimes, around the periphery, or in the midst of the patch, where several areæ have become blended into a surface of greater extent, a few broken and withered hairs may be found which present a characteristic anatomical character. At a short distance from the aperture of the follicle these hairs have the ordinary diameter of the normal hair, and here they are broken off. Suddenly they contract to a fine colourless filament, which enters the follicle, and is the root of the hair. The explanation of this appearance is sufficiently obvious. Before hair-formation is completely arrested, the hair-tissue is produced, soft and fragile, and breaks with the slightest force: then the power of hair-formation becomes reduced to that of producing the merest thread, without bulk and without colour; in fact, an atrophied hair. These short growths, with their funnel-shaped ends and filamentary shafts, give the idea of shovel-shaped, or club-shaped, stumps. So that just as we find, in all such cases, degrees of sensation, and degrees of nutrition, so in the very hairs we have a total arrest of formation in some, and a consequent sheer loss; and a partial exhaustion of power in others, which leaves them slender, colourless, and filamentary.

How monstrous it appears to the genuine pathologist to talk of a parasitic fungus, in connection with the phenomena now described, or to entertain a mere suspicion of contagion.

Another case (March 11) is that of a young maiden lady aged 24. She has one large occipital area, and several minor ones dispersed upon the scalp. The bald patches have existed for five weeks, and were preceded for three months by heat and pain of the occipital region. Our readers will trace without difficulty this relation of cause and effect in almost every case that comes before them. The nerve paresis is always present, even when the premonitory pains are absent. We could multiply such cases ad infinitum.

The relations of the innervation of the skin are shown in the case of a lady aged 32 (February 27). She has a blotch of alopekia areata in the occipital region of the scalp, as large as the palm of the hand. The blotch has existed for twelve

months. She suffers from frequent attacks of pain in the scalp; and whenever these attacks occur, the hair comes off in abundance. Occasionally these pains are varied by uneasy sensations at the præcordia, and then also the hair falls in considerable quantity.

A young lady aged 28 (March 28) has an alopekia areata of the occipital region of the scalp, which has existed for six weeks; and within the last week another has appeared in the frontal region. She loses her hair during pregnancy, and is now three months advanced, her last child being eleven months old. The latter she weaned two months since, and has not menstruated in the interim. She has had no uncomfortable sensations of the scalp, and discovered the occipital area by accident after it had acquired considerable size. Another peculiarity of her constitution is that she is regularly attacked with leukorrhœa after the first month of pregnancy.

We have now under treatment two young ladies, sisters, who have several large areæ on the scalp. Their uncle also suffers occasionally in a similar manner; and his father, before him, was afflicted with the same annoyance. These cases, illustrating the hereditity of alopekia areata, are not very rare. And the fact of hereditity ought to be a sufficient answer to the follies of the fungus theory, the crowning absurdity of a mikrosporon Audouini.

Miscellaneous Memoranda.

Coralline Sock Poisoning.—Under this title the *Medical Times and Gazette* for February 13, 1869, has an article founded on a paper read by Professor Tardieu, before the Academy of Medicine at Paris. "He was consulted in May, last year, by a gentleman, for a severe and obstinate vesicular eruption affecting both feet and occupying exactly the portions of these that were in contact with the red socks, compressed by the shoes. There were present also, general indisposition, fever, headache and nausea. These latter disappeared in a day or two,—but the eruption occupying the feet was not cured until after two or three weeks." In another case the inflammation of the skin corresponded with the stripes of the stockings only. M. Tardieu having ascertained that there was no mineral poison present in the dye, had recourse to the process commonly adopted for detecting organic poisons; the socks were boiled in alkohol and a red colouring matter was obtained which exhibited poisonous properties. Inserted beneath the skin of

a dog, rabbit, and frog, the animals all died; the frog in four hours, the dog in thirty-six hours, and the rabbit somewhat later. The red pigment, termed coralline, derived from carbolic (phenic) acid, was then made the subject of experiment, and with the same fatal effects as those which accompanied the use of the pigment derived from the socks; inflammation of cellular tissue with purulent infiltration locally; acute inflammation of the intestines and an accumulation of the pigment in the lungs and liver to such an extent that the dye was subsequently extracted from them and used to dye a skein of silk. The article concludes by saying that "coralline is the first organic colouring matter that has been noted capable of producing poisonous effects."

Recognition of Dermatology.—Diseases of the skin, so long ignored by the Faculties, are beginning to be popular, and some hope may be entertained that they will be ultimately rescued from the black-hole of speciality to which they have heretofore been condemned. The College of Physicians in its examination of the date, January, 1869, directs as follows:—"Describe a case of acute ekzema of the face, and the treatment that you would adopt." The College of Surgeons proposes as one of its questions:—"Syphilitic lepra: describe its diagnostic marks, and the condition of general health which commonly accompanies it. Give an outline of the probable previous symptoms of the case, and of the treatment. For the medicines that may be required write the prescriptions in full." While in a military medical examination-paper emanating from Netley, it is asked:—"What are the diseases originating in vegetable fungi; and what are the fungi by which they are caused?"

Rights of the Leper.—*Lloyd's News* publishes the following under date February 7, 1869: the statement that in Bombay, one in a hundred of the population is a leper must assuredly be incorrect. The question of contagion is by no means conclusively settled; although non-contagious in the main, there are circumstances under which contagion might arise. We believe that we have seen a case of this kind. "A curious matrimonial case recently came before the Bombay high court. A leprous husband prayed for the restitution of conjugal rights, which his wife had denied him through fear of being infected with the disease, and thereby endangering her own life. The Moonsiff of Surat, before whom the case came first, threw out the plaint. The judge of the district reversed this decision, because it had been made on the extra-judicial ground that it would be cruelty to compel the woman to live with her husband. The high court, however, thought the Moonsiff's view of the case correct, since where there is cruelty the court ought not to interfere, and the district judge's decree was reversed. This decision is of some importance in the Bombay presidency, where one in every hundred of the population is a leper, and where the disease is said to be steadily on the increase."

Repelling a Cutaneous Eruption.—The *Times* of February, 13, 1869, publishes the following curious memorandum in reference to the Countess Guiccioli. We should be glad to have the lady's secret for repelling an eruption, as we are utterly at a loss to know how to bring such a result about if we desired to do so. With regard to the consequences, they would not appear

to be so terrible as the public in its dread of "driving in" is accustomed to fear. At seventeen, the eruption was very probably an ekzema; which having no humoralistic hold upon the system, may be cured without any anticipation of subsequent danger. 'I greatly fear that the Guiccioli is going into a consumption! Her symptoms are obstinate, cough of the lungs and occasional fever, &c., and there are latent causes of an eruption in the skin which she foolishly repelled into the system two years ago. . . . . She is only in her seventeenth, but not of a strong constitution. I found all the people here firmly persuaded that she would never recover; they were mistaken, however.' "They were mistaken; and so was Lord Byron. The Countess, already a wife in 1818, has lived to be nearly a septuagenarian. She has survived the writing of this anxious letter for 50 years, and the admirer who wrote it 45."

Bites of Insects.—It would be well if we could follow some of our tormentors of the insect world through their daily life and discover their loves and their hates. Linnæus informs us that the seeds of the absinthium maritimum are deadly to the flea, and we have likewise heard that the odour of the elder is equally obnoxious to other insects. It is said by the devotees of botany, that on a hot summer's day the cattle may be seen to cluster round the elder for protection against the sting of flies; we have thought sometimes in our summer rambles that the verdict of the wise was unproven. We entertain, however, a strong belief that the perfume of the chamomile is destructive of the acarus scabiei, and we use it accordingly in our pomades for the treatment of scabies. Bazin was wont to recommend for the same purpose an unguentum anthemidis; and our Italian contemporary, the Giornale Italiano delle Malattie della Pelle, reminds us that an infusion of chamomile flowers has been recommended as a wash to the skin, for the purpose of protection against gnats. Gnats are said to shun the traitorous perfume; and if such be the case, it would be easy to convert the essential oil of the anthemis into an agreeable lotion like that of lavender water or eau de Cologne.

Books Received.

Archiv fur Dermatologie und Syphilis. Von Dr. Heinrich Auspitz und Dr. Filipp Josef Pick. No. 1. 1869.

Annales de Dermatologie et de Syphiligraphie; par Dr. A. Doyon. No. 2. 1869.

Giornale Italiano delle Mallatie Veneree e delle Mallatie della Pelle; dal Dr. G. B. Soresina. No. 1–2. 1869.

The Medical Record; New York. Nos. 67–68.

Surgical Commentaries; a brief digest of the author's principles, axiomatic and practical. By George Macilwain, F.R.C.S. London: Hardwicke.

On the Dynamics, Principles, and Philosophy of Organic Life; an effort

to obtain definite conceptions of how do medicines produce their effects? By Z. C. McElroy, M.D., Zanesville, Ohio, Saint Louis. 1869.

On the Nature and Treatment of Hereditary Disease; with reference to a correlation of morbific forces. By J. M. Winn, M.D., M.R.C.P. London: Hardwicke. 1869.

The Woodhall or Iodine Spa, Lincolnshire. By Robert Cuffe, M.D., M.R.C.S. London: Lewis. 1868.

Two Cases of Vitiligoidea associated with chronic jaundice and enlargement of the liver. By Dr. Hilton Fagge. Transactions of the Pathological Society of London. 1869.

The Nomenclature of Diseases, drawn up by a joint committee appointed by the Royal College of Physicians of London. 1869. 8vo. pp. 327.

The Neuroses of the Skin; their pathology and treatment. By Howard F. Damon, A.M., M.D. Philadelphia: J. B. Lippincott & Co. 1868. 8vo. pp. 114.

Photographs of Diseases of the Skin, taken from life under the superintendence of Howard F. Damon, A.M., M.D. 1st Series. 4to. James Campbell, Tremont Street, Boston.

Contributions to Dermatology: Ekzema, Impetigo, Scabies, Ekthyma, Rupia, Lupus. By Silas Durkee, M.D. Boston: David Clapp & Son. 1868. 8vo. pp. 76.

The Dublin Quarterly Journal of Medical Science. No. 93. February, 1869. Fannin & Co., Grafton Street, Dublin.

The Western Journal of Medicine. Edited by Theophilus Parvin, M.D. Indianopolis. No. 1. Vol. 4. 1869.

The Boston Medical and Surgical Journal. Edited by David W. Cheever, M.D. January 28, 1869.

On the Prevention of Contagious Venereal Disease. By James R. Lane, F.R.C.S. Adlard. 1869.

On Fossil Teeth of Fishes in the Palæzoic and lower members of the Mesozoic, rocks. By G. A. Ibbetson, F.R.C.S. London: Wyman & Sons. 1867.

The Register and Magazine of Biography; a record of births, marriages, deaths, and other genealogical and personal occurrences. January, 1869. Nichols & Sons, 25, Parliament Street, Westminster.

The American Journal of the Medical Sciences. Edited by Isaac Hays, M.D. Philadelphia: Henry C. Lea. January, 1869.

New York Medical Journal. Edited by Wm. A. Hammond, M.D; and E. S. Dunster, M.D. Nos. 46, 47. January and February, 1869.

Monthly Report on the Health of the Parish of Saint Marylebone, during January, 1869. By John Whitmore, M.D. Fourteenth year.

The Asiatic; a London Weekly Newspaper. Nos. 1, 2. February, 1869.

Lehrbuch der Hautkrankheiten. Von Dr. Isodor Neumann; Docent an der Universität in Wien. Mit 49 Holzschnitten. Wien, 1869. Wilhelm Braumüller. 8vo. pp. 368.

Correspondents.

Contributors are requested to send in their Papers as early in the Quarter as possible; all communications to be addressed to the Editor, 17, Henrietta Street, Cavendish Square.

LECTURES ON CUTANEOUS MEDICINE AND DISEASES OF THE SKIN.

BY ERASMUS WILSON, F.R.S.

LECTURE X.

On Ekzema.

GENTLEMEN,

THERE are few things in philosophy more remarkable than the change which has taken place in the medical mind, within the last few years, as to the signification of the word *disease*. At one time it was believed that disease was something foreign to the organization; at the present time it is recognized that disease is nothing more than discordant and untimely action; it is the jarring string of the musical instrument; it is, to travesty a popular phrase for which we are indebted to Layard, the right thing in the wrong place. Very generally, perhaps always, for we do not at this moment remember an instance to the contrary, it is a reparative process, but, alas! too frequently the reparation is a *darn* by which the whole fabric is ultimately ruined. And we cannot place before you a more dire picture of impending destruction than that of the substitution of one tissue for another; let us say, nerve substance for muscle; vascular tissue for bone; bone for vascular structure; fat for heart-substance; connective tissue, or any member of the cell family, for more highly organised structures; or one or more of these tissues for skin. Herein lies, in many instances, a terrible realization of the nature of disease.

Such conditions as those now referred to bring under our consideration the ruling and co-ordinating and maintaining power of that sublime essence, LIFE. We may not be scientific enough to put life into a bottle and weigh it or measure it, for such, we are told, are the aims of science; but it demands of

us little philosophy to recognize its existence, and to note and to observe its laws. Of life in excess we can form no conception; but life, in its multiple degrees of declension, from health downwards to disease and dissolution, is the daily object of our observation and study. We have said that disease is "discordant and untimely action"; that it is the "right thing in the wrong place"; we may take a step further, and say that the regulator of discord, of untimely action, of misplaced action, is *life*. Our business, then, as medical men, is with life, is to sustain life; and to this one end to direct all our inquiry and all our energies. If we were asked:—What is disease of the skin? we should answer—it is a lowered vitality of the tissue of the skin, manifesting itself by abnormal action. If, upon these premisses, we further inquire, What is the cause of disease of the skin; and *a fortiori* of ekzema? The answer would be—debility, constitutional and local; debility of the system, and debility of the skin.

Having now entered upon the question of the etiology, or the cause, of ekzema, we may repeat that the skin falls into a condition of disease because it is weak; and that the *cause* of skin disease, or, if you will, the *cause of ekzema, is debility*. And, as the consideration of "cause" involves a series of consequences, we may further state, that the skin is weak either from *hereditary* quality or from *accidental* circumstance; the accidental causes being *constitutional*, or such as create debility of the skin through the agency of the system; and *local*, or such as produce debility by direct operation on the part. Let us look at these causes when displayed in a tabular form; we then have:—

Skin debility { Hereditary / Accidental { Constitutional / Local.

Hereditary ekzema is by no means a rare manifestation of the disease. We meet with it in infants, one or other of whose parents is ekzematous; we meet with it under similar circumstances in the adult; or it comes before us as a sequela in the form of xeroderma, or ichthyosis. And we may be permitted to inquire:—What it is that is conveyed by hereditary transmission from the parent to the offspring? To this question the simplest of all answers is evidently the most correct, namely, *tissue resemblance*. Just as the features of the child have their type in the parent, so also have its tissues; a type which is constituted, not of figure alone, but also of function. We have just travestied the language of a distinguished politician, and we venture now to travesty, but with a deeper

veneration, a holier writing :—"And the *morbid conditions* of the parent shall be visited on the children"; for this law is indeed as true in its bearing upon physical conformation as it is in reference to the moral attributes of the individual.

But what shall we say to a doctrine that would convey, as an answer to our question, the idea of the transmission of a virus? Why, simply that it has no foundation, is false and obsolete, and only fitting to be trodden under foot. And yet this idea has prevailed aforetime, but is now, as we believe and sincerely trust, utterly extinct.

The *accidental causes* of ekzema are twofold; they are either a part of the constitution of the individual for the time being, namely,—*constitutional;* or, they are external and foreign to the general organism, and operate only on the affected part, or, in other words, are *local.* It will easily suggest itself to your minds that there may often be a blending of the two sets of causes in an individual case; and this is actually the fact. Under these circumstances we should select the more prominent of the phenomena to represent the dominant cause, while therapeutically we should address ourselves to both kinds of causes.

Now, if we assume debility to be a cause predisposing the skin to the operation of morbid function, we may further inquire,—What it is that predisposes the skin to debility? In other words,—What are the *remote predisposing causes* of cutaneous disease? We have already settled that question in relation to heredidity; and we have now to address ourselves to the remote predisposing causes belonging to the accidental constitutional group; and these we may state to be four in number, namely :—

Diathesis,
Nutritive,
Assimilative,
Neurotic.

Diathesis, or tendency, is manifested by the aptitude of the skin to take on a morbid action upon the accidental presence of any cause disturbing the general functions of health. In the possessor of an ekzematous diathesis, the conditions which would occasion a dyspepsia, a bronchitis, or a rheumatism in persons prone to these separate tendencies or diatheses, would in him occasion an ekzema. The diathesis in this case has not been inherited; it is acquired; but in time it becomes so far identified with the constitution as to be susceptible of transmission by generation, and in that manner to be in reality the source of inherited ekzema. Constantly we meet with

examples of accidental ekzema, as in the instance of congenital ekzema, wherein no predisposition to the disease exists in the parents. But unless the disease be thoroughly cured, it may be, and will be, so far identified with the tissues of the child as to admit of being transmitted to the offspring of that child by way of inheritance. And in a case of this kind we should have strongly impressed upon our mind the necessity of promoting a complete and permanent cure, to prevent such a mischievous result. We shall ask you, gentlemen, to extend this principle to other diseases besides ekzema—*ex uno disce omnes;* and by this means you will become better and more useful physicians; healers, in the proper sense of the word, rather than "darners"; we have already, in a previous part of this lecture, told you of the danger of "darns."

By NUTRITIVE remote predisposing causes, we mean, a failure of the proper nourishment of the body, and, you will agree with us, doubtless, in the belief that few causes would be more potent in the production of debility of the constitution and through the constitution, of debility of the skin. We are not at present prepared with our figures, and therefore we must ask you to accept the very objectionable adjective "many," when we say that very many cases of ekzema arise from this cause, particularly in infants, children, and young persons generally. Let us offer you one example out of a multitude. A nursing mother falls short of her supply of milk; her infant has to be brought up by hand; a difficult and hazardous process; the artificial food is uncongenial to the sensitive organism that it is required to nourish; nourishment fails; starvation impends. You will admit that this is not an exaggerated picture; but what happens; the infant is reduced to a state of debility, nutritive debility; an exciting cause steps in, as an irritant to the skin, and then those immediate or proximate changes take place which constitute ekzema. Do we not well, then, in establishing a group of causes which take their origin in deficient nutrition? a group of nutritive causes.

ASSIMILATIVE remote predisposing causes give us a third group, taking their origin in derangements of digestion and its allied functions, including assimilation. We prefer to take this wider view of the nature of these causes, than to speak, as we might otherwise have done, of dyspeptic ekzema; arthritic ekzema; rheumatismal ekzema, and so forth. In a word, just as we have traced up a certain group of causes of ekzema to deficiency of the nutrient element of the body; so we can trace up another series of causes to the governing principle of the stomach and its dependencies. You will perceive that these views lead us onwards to the chief object of

medical research, namely, the treatment of disease; for if certain diseases are found to arise from deficiency of nutrient material, then the supply of nutrient material is the aim of our treatment; and, in like manner, if the important functions of digestion and assimilation are the point of weakness, we address ourselves directly to them. By a different process of reasoning our French colleagues have arrived at similar results to ourselves; they have a family of *herpetides*, which are equivalent to a diathetic group; a family of *scrofulides* which correspond in some measure with our nutritive group; and a family of *arthritides* which would seem to be the representatives of our assimilative group. And just as we teach the necessity of directing our constitutional treatment, towards the improvement of nutrition and the strengthening of the assimilative system; they enforce the adoption of a special treatment for herpetism, scrofulism, and arthritism. Put the true searchers after truth within the limits of a ring-fence, and they will all, sooner or later, arrive at the same altar, although some may reach it upon their bellies, some upon their heads, and some upright, in the image of their Creator.

There is yet a fourth group of remote predisposing causes, to which we have given the name of NEUROTIC. They are not diathetic, neither are they dependent upon the mere absence of nutrition; nor can the digestive and assimilative functions be especially blamed; but their essence is irritability; irritability taking its origin in nervous debility; and on that account we call them nervous or neurotic. For the subjects of nutritive causes we should look to infants, to children, to the growing age of youth, and to the parturient period; for the subjects of assimilative causes, we seek in the mid-period of life, when the material of nutrition is useless otherwise than as a stimulant; when, in consequence, it is present in excess; and when, as a further consequence, it undergoes chemical transformations that become excitants of disease. While, the neurotic group is supplied by those who have passed the meridian; in whom waste has taken the place of appropriation; or those, at earlier periods of life, in whom the nervous system has acquired an ascendency over the organism and tends to waste its kingdom by excessive, by ill-regulated, and by morbid activity.

Gentlemen, need we say more with regard to the remote predisposing causes; the tenant for life, represented by the hereditary and the diathetic; the nutritive as represented by the period of growth; the assimilative as represented by the stationary period; the neurotic as represented by the wasting

period of life. All that needs further to be said, is a repetition of what we have already mentioned in reference to the constitutional and local causes; the remote predisposing causes are occasionally combined; sometimes the combination may be the nutritive with the hereditary; the nutritive with the diathetic; the diathetic with the assimilative; or the diathetic with the neurotic. The relative importance of these combinations you will easily appreciate.

To descend from the general to the particular, with a view to illustrate the kind of causes which may predispose to ekzematous disease; we should group under the head of *nutritive causes*:—errors of diet; weakly parentage; excessive growth; and errors of hygienic principles. Under the head of *assimilative causes*, we should place:—deranged digestion; vicissitudes of cold, heat, and moisture; mental disquietude; and constitutional or organic disease. As *neurotic causes*, we should assemble together:—anxiety and affliction; excessive mental and physical labour; ungenial climate; uterine, reproductive, and puerperal derangements; and nervous shock or fright. And, although it be true, that all these causes tend to the production of one and the same disease; nevertheless that disease is not an independent entity, and is not to be treated by itself, but through the causes which have given it birth.

It may be interesting as an exercise, and will add to our knowledge of this important disease, to run over the various predisposing causes which may be alleged capable of giving rise to ekzema, and we place before you a list of causes which we have ourselves oftentimes verified; arranged in physiological order, they are:—

Predisposing Causes of Ekzema.

Weakly parentage.
Errors of diet.
Errors of hygienic principles; namely, air, exercise, cleanliness, clothing, &c.
Vicissitudes of cold, heat, and moisture.
Transition of seasons.
Ungenial climate.
Vaccination.
Dentition.
Excessive growth.
Deranged menstruation.
Excessive labour, mental and physical.
Mental disquietude, anxiety, affliction.

Sexual excesses.
Uterine, reproductive, and puerperal derangements.
Deranged digestion.
Exhaustion from disease.
Hæmorrhage.
Cachexia.
Gout and rheumatism.
Nervous shock and fright.
Local injury.

In determining the cause of a given disease, we need hardly remind you that we have to consider the agencies which conduce indirectly, directly, and immediately to the result which it is sought to explain; or, in technical language, the predisposing, the exciting, and the proximate cause. Thus, if we take, by way of illustration, an instance of ekzema infantile, an error of diet may be the predisposing cause, friction of the skin an exciting cause, and hyperæmia, with exudation or desquamation, that is, ekzema, the proximate cause. It is often very convenient and very instructive so to be able to dissect the causes of disease, while, on the other hand, we rarely have the leisure to effect this analysis in practice; it is, in fact, the grammar of medicine; and although in time, and with the aid of experience, we learn to talk and to practise without a recollection of our grammar, it is well to be grounded in grammar, and to be able to fall back occasionally upon our grammar in moments of thought and reflection, or under circumstances of difficulty. It may, however, be as well to remind you that the predisposing causes are in many instances only relative in their operation: thus an error of diet, besides being predisponent, may also be excitant; and the same may be said of hygienic principles, vicissitudes of temperature, and most of the others. Again, to return to our first example, ekzema infantile,—error of diet may be the predisposing cause, and cold or heat the exciting cause; and furthermore, with hereditary diathesis, acquired diathesis from weakly parentage, or errors of diet or hygienic principles as a predisposing cause, vaccination or dentition may become the exciting cause. In fact, in this as in most of the examples of medical philosophy, science is the servant of knowledge; science feeds the furnace and greases the engine, but knowledge is the acting mind, and directs the course and navigation of the ship.

We will now, gentlemen, direct your attention to another group of causes, in this instance *exciting causes*, or such as directly excite the disease we are now studying. The causes we have heretofore considered prepare the way for the present

group; they predispose, these excite; but you will be able to form a better judgment upon them by seeing them displayed in a tabular form, thus :—

Exciting Causes of Ekzema.

Local Group.

Cold,	Chemical irritants,
Heat,	Mechanical irritants,
Moisture,	Varicose veins,
Friction,	Traumatic injury.

Constitutional Group.

Unwholesome food,	Certain medicines.

You will perceive that the exciting causes of ekzema belong chiefly to the class of local irritants, and are especially concerned in the production of the local forms of the disease, and the remarks which we have made heretofore on the relative character of causes are particularly applicable to the present group. For example, cold and heat and moisture are frequent predisposing causes, and they are also, under other circumstances, common exciting causes. Need we remind you of the chapped wrists and hands of cold weather, ekzema erythematosum et fissum; of ekzematous eruption engendered by the direct agency of heat, as in ekzema solare; or of that very common cause of ekzema resulting from the combined influence of heat and moisture, as in the case of ekzema axillare and ekzema perinei. Then we have ekzema resulting from clothing and bedding of too heating a quality, and especially when heat and perspiration are united; ekzema from the flow of the tears, of saliva, of discharges upon the skin, and ekzema mamillarum. And then there is yet a more striking and homely example of the irritant consequences of combined moisture and heat in the instance of the common poultice; a large number of ekzematous legs owe their origin solely to the apparently harmless, but in reality dangerous, poultice.

Besides these we have an active exciting cause of ekzema in friction, and especially in that more severe form of friction to which itching incites, namely, scratching. Hebra has the credit of making the remark that the eruption of scabies, which is an ekzema, is due, less to the direct irritation of the acarus than to the scratching to which its titillation necessarily leads. We need not accept this statement as a fact, but it is convenient as an illustration. Then follows the

extensive family of the irritants—the mechanical irritants, such as sugar, flour, brick-dust, and lime, in the instance of the grocer's itch, the baker's itch, and the bricklayer's itch; and the chemical irritants, for example,—alkalies, acids, tincture of arnica, cantharides, and croton oil.

Varicose disease of the veins of the lower extremity is a common cause of local ekzema; distension of the minute venules of the skin occasions itching; the nails are brought into requisition to relieve the pruritus, papulæ result from the increase of irritation caused by the scratching, and a papular ekzema is forthwith established. It may be questioned, as in the case of scabies, whether the varicose veins, as well as the acarus, may not also be regarded as a predisposing cause, and the scratching the real exciting cause. Again, a scratch, an abrasion, or a leech-bite; the puncture of the ears for earrings, or the slight operation of vaccination, have also been known to be the starting-point of an ekzema, and in this sense a traumatic cause.

Constitutional exciting causes are evidenced by disturbance of the stomach occasioned by unwholesome food, and also by certain medicines, such as opium, mercury, and copaiba. The hydrargyria of Alley, or erythema mercuriale, was an ekzema; and the eruption caused by copaiba in certain constitutions is well known, and is apt to degenerate into ekzema.

The doctrine that we have advanced in respect of the nature of ekzema, namely, that a *causa morbi* in the system, failing the condition of an exciting cause in any other of the organs of the body, may, in the presence of such exciting cause, be manifested by the skin, will prepare you for the observation that ekzema is very frequently *substitutive* of some other disorder of the economy. Sometimes ekzema follows, or takes the place of a bronchitis; sometimes of a derangement of the digestive functions, commonly denominated a bilious attack; sometimes of a fit of gout or rheumatism; sometimes of hæmorrhoids, and so forth. In practice you will see this association so frequently, that it will teach you, perhaps more than anything else, the principle of treatment of this disease, and it will act as a warning against trusting too exclusively to local treatment. Often it will occur to you that your patient is perfectly sound, like a good horse, wind and limb; but in what way is perfect health consistent with a troublesome ekzema? Why, in no other way that we can understand, barring the existence of locally morbid tissues, than through the absorption by the ekzema of the whole of the *causa morbi*, previously smouldering in the economy.

The facts, however, as to the *substitutive* attributes of an

ekzema are overwhelming; but we are not equally convinced of its *derivative* effects. The theory that regards ekzema infantile as an outlet or safety-valve that is not to be disturbed, necessarily treats of the eruptive affection as a derivation of something which it may be necessary to remove from the system, the idlest possible quality of medical moonshine; a kind of routine lunacy only too common amongst mankind. That there is a *causa morbi* there can be no question, and happy the individual in whom a *causa morbi* is absent. At any time the essence of that *causa morbi* is debility, and nothing can be more unphilosophical than to assume that an existing debility is not to be removed; or that its removal, by curing an existing disease, predisposes to another and a more serious disease. The mode of viewing ekzema, whatever its form, and whether occurring in the infant or in the adult, is exactly that in which we should regard every other complaint, whether it be a bronchitis, a pneumonia, a diarrhœa, or any kind of disease, namely, as a thing to be cured, if we are able, with all the speed that we can bring to bear upon the proceeding, and in the most direct and certain manner, and without respect to ulterior events. We are often told by the mother of an ekzematous infant:—My doctor says he can cure the disease; but then the disease will be driven in, and the child will have something worse. There are clearly two fallacies in this statement, the first being that the doctor can "cure the disease;" for of a certainty, if he could he would; and the other fallacy is that "a driving in" is possible, or that any other disease would result from the cure of the ekzema. We may repeat, ekzema is a debility; to cure the ekzema is to cure the debility, and consequently to make the weakly child strong and healthy.

Gentlemen,—we opened our inquiry into the nature and qualities of ekzema by impressing upon you the necessity of a thorough knowledge of this one disease, not only on account of its own individual importance, but also because it must be regarded as the type of cutaneous disease in general, and the standard with which all other diseases of the skin are to be compared. We have therefore pursued the subject of its etiology at considerable length, more lengthily possibly than may have consorted with your patience; nevertheless the subject is far from being exhausted, and will well repay a personal examination for yourselves. For the present we deem it expedient to dismiss it, and conclude with a summary more easy of being borne in remembrance than our previous lengthened detail. The cause of ekzema is debility, sometimes inherent or diathetic, sometimes hereditary, and some-

times accidental or acquired. Every condition which tends to produce debility is therefore a cause of ekzema. It may be that the cause is a direct excitant; or it may be a predisponent requiring the ulterior stimulus of an excitant. So that, in ekzema, as in most other diseases, two factors are necessary to the production of the affection; first, a condition of the body favourable to morbid action; and, secondly, an excitor capable of setting up morbid action. We will illustrate this point by one or two popular examples, in order to impress the matter more forcibly on your recollection. You know the encrusted ekzema of infants, termed *crusta lactea*, a state of the disease which conveys in its name both its cause and the effect of that cause. Insufficient or bad milk is the occasion of debility; and, secondly, insufficient or bad milk deranges the stomach, and throws out an eruption on the skin. Again, we hear of ekzema from dentition, and of the very general impression amongst medical men that such an eruption is not to be treated; let us see how the case stands in this instance: painful dentition causes want of rest, disturbance of the digestive organs, debility; painful dentition is therefore a predisposing cause; then an exciting cause, such as cold or heat, and moisture, steps in, and ekzema is established. Now, gentlemen, can you conceive any objection to removing, *if you can*, the predisposing cause, or the exciting cause, even if you dread to cure the proximate cause, that is, the disease? We think not; neither do we think that you would lose your *aplomb* of self-respect, if, in honestly allaying the causes, you inadvertently cured the disease. Or, let us take another case of still more importance as far as being thoroughly understood, namely, ekzema from vaccination. Vaccinia, as you well know, is a modified small-pox; the vaccine fever always occasions more or less of debility, consequently a state favourable to the invasion of ekzema; in other words, vaccination, with perfectly pure lymph, is a predisposing cause of ekzema; and another factor, namely, an exciting cause, completes the nosogenetic circle. Or, the case may stand thus; the child is hereditarily ekzematous, and then the mere puncture of vaccination becomes in itself the exciting cause. We know the care which vaccinators usually evince in the selection of subjects for vaccination, and to this cause is to be attributed the extreme rarity of ekzema after vaccination; but with all the care they can adopt, an accident of this kind will sometimes happen. A lady brought to us, a short time back, an ekzematous child, in whom vaccination had brought out vaccinella; in other words, an eruption of umbilicated vesicles resembling those of small-pox; and we have recorded, in our writings,

similar examples. But more frequently, the reverse of this occurrence is experienced, and the ekzematous diathesis generally refuses to respond to the vaccine impregnation.

And now, gentlemen, we will leave the important question of cause and pass on to that of *prognostics*. You will be consulted by mothers whose children are in a deplorable state from ekzema, and who may have been some time suffering before they came under your notice; and they will put to you two questions:—Is there danger to life? Is there danger of deformity? And to both of these questions you may answer in the negative. Ekzema is a disease of the "summa cutis" of the most superficial stratum of the derma, a disease in which the secreting faculty is in excess; a kind of catarrh of the external skin; a disease in which disruption and separation of the epidermis, with profusion, accumulation, and desiccation of secretions, together with a moderate amount of œdematous swelling, are the essential characters; there is neither deep inflammation nor destruction of tissue, and therefore all these appearances clear away like an exuviated cuticle when a cure is effected, and leave no trace of their presence behind them. In one instance only, which lately fell under our notice, there was superficial sphacelus of the skin, with sloughing, extreme exhaustion, and a fatal termination of the case; but these bad symptoms occurred only as the consequence of mismanagement. A second instance of death from ekzema in an infant is all that we can remember to have met with; and there also mismanagement was the causa vera of the misfortune.

When it is remembered that not only the outer skin, but also the mucous membrane, is very commonly affected in ekzema, and especially the mucous membrane of the lungs, it is matter of surprise that a fatal termination of the disease is so very rare. We have seen this combination several times fatal in the adult, but in such cases bronchitis and pneumonia were the more frequent cause of death. But although we can speak hopefully of ekzema in regard to the ultimate result, there are several points in its history that mark it as an inveterate disease, and often a life-long torment. When it owes its existence to a diathesis, and is developed in infancy, it is wont to interfere very seriously with the nutritive functions of the skin. The skin is apt to become dry and hard and harsh, susceptible of irritation from trivial causes; the normal secretions of the skin are more or less suspended or arrested; the cuticle is unsound, and that state of the integument is engendered which we have termed xeroderma, a first stage of ichthyosis.

Like all diseases of the catarrhal class, ekzema is prone to be very chronic as to its duration; it drags its weary length slowly along; it is apt to become a habit; and from the presence of itching as a leading symptom, two of the most active of the causes of the disease, namely, friction and scratching, are perpetually in operation in keeping up the disease. Another of the phenomena of ekzema, a tendency to recurrence, is also to be borne in mind in drawing our prognostic of its issue. Ekzema is apt to recur annually, for example, in the winter or in the summer of the year; sometimes twice in the year, as in the spring and at the fall; and at other times at periods of several years. Again, its association with a malassimilative diathesis, such as gout or rheumatism, would very much influence our decision; or its connection with some chronic and permanent disease of the local class, such as varicose veins. But possibly ekzema is, under no circumstances, more inveterate, next to its diathetic origin, than when it is associated with a weak and irritable nervous system—for example, in that group of the affection which we have distinguished as neurotic ekzemata.

In conclusion, looking to the many causes which contribute to render ekzema a more than usually chronic and inveterate affection; and, taking into consideration the circumstance that it is necessarily a disease of tardy movement towards cure, prone to repeated and vexatious exacerbations and relapse, we may venture to deliver the general verdict—that ekzema is not dangerous to life, that it is always susceptible of mitigation, and generally admits of permanent cure.

ON LEICHEN PLANUS. By ERASMUS WILSON, F.R.S.

LEICHEN PLANUS is an eruption of pimples remarkable for their colour, their figure, their structure, their habits of isolated and aggregated development, their habitat, their local and chronic character, and for the melasmic stains which they leave behind them when they disappear.

The *colour* of the pimples is a dull crimson-red, more or less vivid, and suffused with a purplish or lilac tinge. It is most characteristic in the recently developed and discrete papules, and in the aggregated form is apt to assume the duskier hue of ordinary chronic affections of the skin. We incline to the belief that it is to this eruption that Hebra has given the name, *leichen ruber*, apparently led to that designation by the

striking colour of the pimples, which contrast very strongly with the unaltered complexion of the skin on which they are developed. Indeed, it is generally the colour and appearance of the pimples, without other symptom, that first attracts the attention of the patient to the disorder, and urges him to seek for relief.

In *figure* the papulæ are flattened, smooth, and depressed on the summit, angular in outline, only slightly elevated, and of a size ranging between one and three lines in diameter. And this peculiarity of figure is so striking, that we have selected it as the pathognomonic characteristic of the eruption. The redness may be the first sign to strike the eye, but redness is a phenomenon common to many eruptions of the skin; although, as we have just said, the redness of leichen planus is peculiar; whereas the flatness of the summit of the papulæ is altogether different from anything that is met with in other affections of the skin; and the flatness is rendered more conspicuous by the summit of the papule being occupied by a thin, horny, semi-transparent lamina of cuticle, depressed on the surface, and marked in the centre by the aperture of a follicle which represents a sort of *hilum*. It is to this peculiarity of figure that the word *planus* is especially applicable, and this has guided our use of the term.

In *structure* the papule of leichen planus is a hyperæmia with exudation, surrounding a follicle, and covered by a thin layer of horny transparent cuticle; while the aperture of the follicle and its conical epidermic plug are visible in the centre of the horny plate. The horny covering of the papule is in no wise a scale, it rises and falls with the papule; and neither separates nor exfoliates. When the papule subsides in the course of cure, its horny covering still remains, and disappears by degrees without exfoliation. In one form of the affection, the summit of every pore has its little horny plate, without any papular elevation whatever, and the surface of the skin looks as if it were inlaid with minute spangles or glittering particles of mica, perfectly homogeneous with the rest of the epidermis. This applies, we need hardly say, only to the discrete form of the affection, to the separate papules; in the aggregated form of the disease a new element is introduced, namely, diffused exudation, and in that case, as in every other instance of diffused exudation, exfoliation and desquamation take place, and the horny covering of the papule already described exfoliates with the rest of the cuticle. Whenever this exfoliation occurs, it is interesting to note the continuity of the under surface of the horny plate with the epithelial lining of the follicle.

Nevertheless, not even then is the horny plate a "scale" in the proper sense of the term, but merely a portion of exuviated cuticle, cast like the rest as a consequence of the temporary suspension of nutrition.

Leichen planus presents two principal forms of manifestation, *discrete* and *aggregate;* it usually begins as a discrete eruption, appearing as isolated pimples in some one region of the body or dispersed on various parts. Here and there, a few papules are thrown up near to each other, sometimes simultaneously but more frequently in succession; then the intermediate skin becomes hyperæmic and infiltrated and a patch results, consisting of an aggregation of papulæ united by an inflamed and infiltrated base. With these aggregated patches the discrete form of the eruption is more or less abundantly commingled; and the patches range in size from half an inch to several inches in diameter, sometimes covering the greater part of the internodial portion of a limb. In the aggregated form of the affection, the interpapular congestion and infiltration assume the most important place in our consideration, the infiltrated skin often rises up to a level with the summit of the papulæ, the papulæ are as it were submerged, and blended in the general exfoliation and desquamation which ensue, and we are driven to seek, in the circumference of the patch or in other regions of the body, isolated papulæ in order to confirm our diagnosis. Nevertheless, with close inspection the figure of the separate papulæ may still be detected in the midst of the patches, and especially that peculiarity of structure already noted, namely, the continuity of the desquamating cuticle with the epithelium of the follicle. Not unfrequently, the aggregated patches are circular in figure and of small size, and might very easily be mistaken for lepra vulgaris, the more especially as patches of this kind are apt to grow by the circumference and become depressed in the centre. But in this case the scale of lepra is always absent, and the history of the case, the seat of the eruption, and the presence of isolated papules confirm the diagnosis. At other times, the broader patches of the aggregated form of the affection so closely resemble those of dry chronic ekzema, that a mistake on the part of those unfamiliar with cutaneous diseases would be perfectly pardonable. We lately saw a patient suffering under this disease, in whom it was named by an experienced dermatologist "leichen agrius pruriginosus."

The *habitat* of the eruption is also characteristic of the identity of leichen planus; it is pretty constantly met with on the front of the forearm, just above the wrist; in the hollow

of the loins; on the lower half of the abdomen; on the hips; around the knees, particularly over the mass of the vastus internus muscle; on the forearms and calves of the legs; and in women, around the waist and in the grooves occasioned by the garters. We have seen it also, but less frequently, on the palm of the hands and sole of the feet; and in two instances on the tongue, the buccal membrane, and the mucous lining of the fauces.

Leichen planus is essentially *chronic* and *local* in its habits. In twenty-seven out of fifty cases examined, the eruption, at the time of application for treatment, had lasted between one month and three; in 11, between three and six months; in 3, between six months and one year; and in 6, between one year and seven. In distribution it is generally symmetrical, but occasionally is limited to one side of the body; sometimes occurring on one side in the upper extremity, and on the other in the lower. It has no constitutional symptoms of its own, and frequently prevails with very little constitutional disturbance of any kind.

The *melasmic* discolouration of those parts of the skin where the eruption has existed, and where it has disappeared, is a characteristic feature which leichen planus possesses, in common with lepra vulgaris, but is not so commonly met with in other affections. These stains are often very remarkable; they give rise to a strange mottling of the skin, and may be accepted as a pathognomonic character when taken in association with the signs already considered.

The separate papules of leichen planus sometimes enlarge sufficiently to produce a raised border, with a depressed centre, and so to constitute a distinct ring; while at other times the ring results from the peripheral elevation of the border of a small patch; or the ring may itself be composed of a chain of papules; in either case a configuration results, which we have termed *leichen planus annulatus*. Sometimes these annuli are small, and round or oval in figure; at other times they are extensive, one while encircling the axilla, as in Case 39; and another while the perineum as in Case 17. Occasionally the circles are broken, and only an irregular curved line remains to indicate the border of the vanished patch; in which case the term *leichen planus marginatus* is appropriate.

Leichen planus scarcely deserves to be classed among the pruritic affections. The itching is generally very trifling, but in some instances, as in Cases 18, 28, 33, is intolerable. Such cases as the latter have suggested the term *leichen planus pruriginosus*, which is then strikingly applicable.

This eruption is most commonly met with in the adult of

middle age; the greatest number falling within the decade between forty and fifty years. And of the fifty cases appended to this paper, 1 only occurred under 20 years of age; 8 between 20 and 30; and 39 between 30 and 60. In reference to sexes, the majority lies on the side of the female, in the proportion of 27 to 23 male.

Leichen planus must be regarded as a rare affection; fifty-one instances only occurring in a register of ten thousand cases of every kind of cutaneous disease. And as this number of cases is spread over a period of five years, extending from 1864 to 1868, we find that for separate years the numbers were: 1864, five cases; 1865, ten cases; 1866, eight cases; 1867, twelve cases; and 1868, twelve cases. These figures, of which the total is forty-seven (the precise date of origin of the remainder not being ascertained), represent the period of commencement of the disease; and a further examination shows that the numbers originating during the first six months of the year were twenty; and the latter six months twenty-seven; the months the most fruitful in the origin of the affection being July and September, and next to these October and December.

It has seemed to us that a common predisposing cause of the disease is the heat of the summer season of the year; that is to say, the depressing consequences produced upon the skin and upon the constitution generally by the effects of heat; and the above figures correspond very fairly with this hypothesis; for although July, of the months enumerated, is the only one which is really hot, yet the effects of the heat may be supposed to be manifested some weeks later, as in September, October, and December.

As an illustration of the ordinary features of this affection we append a short notice of the fifty cases upon which the above general remarks have been founded. These cases are as follows :—

Cases of Leichen planus.

1. A gentleman, aged 44, has leichen planus, which has existed for six months and is associated with lepra Græcorum, both in a slight degree. The patient belongs to a family of which several of the members have lepra; and his son, aged 7, has suffered from lepra Græcorum for three years.

2. A married lady, aged 43, has an eruption of leichen planus on the arms and legs. She is debilitated and highly hysterical.

3. A gentleman, aged 46, has suffered from leichen planus for three months. He complains very much of the severity of the itching which accompanies it.

4. A married lady, aged 55, is much troubled with an eruption of leichen planus, which is situated on her knees, arms, and around the waist; and is attended with considerable pruritus. She has lately been the subject of anxiety and sorrow from family vexations; and the eruption followed immediately upon a chill from exposure to cold. She was under treatment for four months without making much progress.

5. A maiden lady, aged 40, has leichen planus somewhat thickly developed around the waist; and less abundantly on the chest and arms. She has been troubled with it for seven years; once it went away completely, and subsequently returned. The itching is very annoying.

6. A gentleman, aged 57, has an eruption of leichen planus, which has existed for six months, and from which he has suffered every autumn for four years. I prescribed for him, nitro-muriatic acid with gentian, a compound rhubarb pill, and an ointment of tar and sulphur. At the end of a month he was nearly well. His brother, aged 62, is troubled with leichen pruriginosus, which has also lasted for six months, and is liable to affections of the skin.

7. A maiden lady, aged 43, subject to attacks of neuralgic rheumatism, is at present suffering from leichen planus. The eruption had existed three months; and had increased in extent and irritability at the end of a second three months.

8. A married lady, aged 46, of delicate constitution, has an eruption of leichen planus distributed over the arms, hands, and back of the neck. The eruption has existed four months.

9. A married lady, aged 48, has an abundant crop of leichen planus distributed around her waist, on the arms, and especially on the back of the hands and upon the legs and feet; the nails are also affected, being thickened as in lepra Græcorum. When the papulæ subside they leave behind them deep brown stains. The eruption has lasted for fifteen months, and disturbs her rest at night by pruritus. She suffers at the same time with ekzema mucosum around the anus, and bronchitis.

10. An unmarried lady, aged 26, has an eruption of leichen planus which has existed for two months; she suffers from menorrhagia, and the skin affection first made its appearance after fatigue. When she becomes hot, the itching and stinging are very annoying.

11. A married lady, aged 49, has an abundant crop of leichen planus occupying the arms, legs, waist, back of the neck, and especially the knees. It was preceded by ephidrosis, and appeared gradually, and with considerable pruritus; menstruation had ceased a few months previously. Her treatment, which consisted of Fowler's solution, tar soap, and a lotion of the perchloride of mercury in emulsion of bitter almonds, was very successful.

12. A gentleman, aged 60, has a scattered eruption of leichen planus situated on the hips and loins. It has existed for several months, and is very itchy; and he complains also of pruritus of the whole skin, and where no pimples are present. In the latter part of December I prescribed for him an ointment of sulphur and tar, to be rubbed into the eruption at bedtime, and washed off in the morning; and at his second visit, after three weeks, the general irritability of his skin was manifested by a copious eruption of a pimply rash. Four months later the leichen planus had nearly disappeared;

he had suffered in the interim from bronchitis and gout; and now complained of pruritus ani; and a week afterwards, when he recovered further from his recent illness, the papulæ of leichen planus commenced to reappear.

13. A gentleman, aged 35, has leichen planus, covering the abdomen, the loins, the hips, and the front of the forearms. The eruption had existed for four months; is unattended with pruritus; and leaves dark brown stains at its decline. It got well in little more than a month. This case is published *in extenso* in my "Diseases of the Skin," sixth edition, page 194.

14. A gentleman, aged 22, has leichen planus upon his hips, forearms, abdomen, and generally over the whole of the trunk of the body. It has been in existence two months, and is attended with scarcely any pruritus: he feels the latter symptom slightly when he becomes heated. The case is published *in extenso* in my "Diseases of the Skin," sixth edition, page 196.

15. A married lady, aged 55, has an eruption of leichen planus on her neck, arms, legs, and around the waist. It has existed ten months, but has increased considerably for the past two months. She terms the papulæ "glassy heads," and complains of severe pruritus; which is greatest when she sits near the fire or is warm in bed.

16. A married lady, aged 27, has a copious eruption of leichen planus situated on the forearms, back of the neck, chest, waist, and legs. It has been four months in existence; and in its discrete form is unattended with pruritus, but is irritable in its confluent and concrete form. This case is one of considerable interest, and is published *in extenso* in my "Diseases of the Skin," sixth edition, page 194.

17. A married lady, aged 57, has been the subject of leichen planus for six years. It is situated on the front of the wrists, in the bend of the elbows, and around the perineum. It is of the marginate kind, and is attended with itching only during its outbreak. Some years back she suffered from prurigo vulvæ, followed by ekzema inguinum, and latterly she had an attack of pruritus pectoris. This is one of four cases detailed in my "Diseases of the Skin," sixth edition, page 197.

18. A married lady, of highly nervous temperament, aged 40, has had an eruption of leichen planus, which has existed for three months. It began three weeks after a nervous attack, which was attended with a "wild feeling in her head, and loss of memory." The "glazed" pimples were first seen on the sacrum, then on the arms, the legs, and in the popliteal hollow; and they have been accompanied throughout their progress with intense, almost unbearable, itching. As an illustration of a morbid nervous temperament, we quote the following report of her case from her own pen:—

"For upwards of a year I have suffered with constant gnawing of the bowels, frequent operation, accompanied frequently by vomiting of froth. Strings, as of white fat, would appear in the motions. This was relieved by a prescription of bismuth. It would occasionally return on taking exertion or the use of opening medicine, sometimes violently, obliging me to lie for days with fomentations on the abdomen. A month having passed away without any attack, my ankles, feet, and wrists swelled, and I began to feel an itching and irritation all over the body; this eruption then appeared, which has now been out two months and a half. The medicine I have now

taken (sulphate of magnesia with infusion of orange-peel) appears to bring back the old complaint, irritation of the mucous membrane. I am very much swollen over the abdomen, and unable to leave my bed. The attack seizes my brain occasionally ; sometimes I feel that I shall drop dead when walking in the streets."

19. A maiden lady, aged 56, had an attack of ekzema aurium in the summer of 1864 ; the eruption teased her for ten months before it got well. In the summer of the following year she received a mental shock, which was followed by oppression and difficulty of breathing, disorder of the digestive organs, and emaciation. In September these symptoms abated, and her attention was drawn to a crop of scattered pimples which made their appearance on her loins and around her waist. She attributed this slight eruption to the action of the warm bath upon her skin ; the pimples gave her little uneasiness, and seemed to take the place of the internal discomfort under which she had previously suffered. In the month of March of the present year (1866) she noticed some red pimples, similar to those that had previously existed upon her loins, on the ankles and knees, and shortly afterwards on the loins and waist, and subsequently on the front of the forearms. They give her very little inconvenience, but are somewhat itchy upon getting warm in bed. During the month of May the pimples increased in number, and on the arms formed in two places small confluent clusters. The papulæ present the ordinary characters of leichen planus ; they are small, flat, depressed, glazed and opaline on the summit, and of a dull red colour. The coherent papulæ constituting the confluent clusters have the same characters, which give a warty appearance to the patch, while to the touch the latter is rough, dry, and harsh. The entire patch is red and thickened from infiltration ; and, consequent on the use of lotions and ointments, is beginning to desquamate.

The patient was the bearer of a letter from her medical man, in which he states that she "has been suffering for some time from a *troublesome irritative eruption*, which is now extending a good deal on the body, legs, and arms, and is becoming a source of great anxiety lest it should attack the face. She has just passed the critical period of life, and has had a great deal of mental anxiety, in consequence of the death of a near relative, and her general health suffered seriously, with great loss of flesh, accompanied with occasional attacks of difficulty of breathing. These symptoms were relieved by the use of nitro-muriatic acid with taraxacum and an occasional alterative, so that she has recovered her flesh a good deal. As this improvement went on, the skin became affected, and she has for some time been taking arsenic, iodide of potash, combined and separately, and, in consequence of habitual constipation, a pill, once or twice a day, with ox gall, strychnine, and colocynth. Locally she has applied alkalies and used alkaline baths without benefit, and now she is using a lotion with bichloride of mercury and prussic acid with glycerine, which relieves the itching somewhat." Three weeks later the same gentleman writes :—"Previously the eruption had only affected the covered parts of the body ; now it is coming on the uncovered, as the hands and neck. She has persevered in the use of the arsenic three times a day, and the lotion of bichloride of mercury, but, I am sorry to say, without the

slightest benefit to the eruption, which is much worse than when you saw it. The lichenous spots run together in the course of a few weeks, and then the patches have more the appearance of ekzema, with a good deal of itching, but quite dry. The general health has improved."

20. A young gentleman, aged 17, has suffered for three years from occasional attacks of loss of muscular power of the bowels ; latterly he has improved in health in this respect, and within the last two months has had his attention drawn to an eruption of isolated red papulæ scattered upon the legs from the knees downwards, upon the arms from the elbow downwards, and upon the abdomen, especially on the flanks. The eruption is unattended with itching, excepting at the inner side of one knee, where a clustered patch of coherent papulæ has risen up upon an excoriation caused by riding. This patch is somewhat itchy, and the horny summits of the papulæ of which it is composed have begun to exfoliate. On the abdomen there are a few red pimples, together with a vast number of minute colourless papules capped with shining horny summits, which glance like minute particles of mica upon the skin, and are rough to the touch. He was not aware of the existence of these minute papillæ until I had observed them in examining his trunk.

21. A maiden lady, aged between 50 and 60, has suffered from leichen planus for six months. It made its first appearance at Christmas, occurring on one arm and subsequently on the other ; it is preceded by itching, but when thoroughly developed gives rise to no inconvenience. For two years previously to the outbreak of the eruption she had been much troubled with fits of sneezing, which yielded to nothing but quinine ; and as the present eruption followed the sneezings, she was under the impression that it had taken their place.

22. A married lady, aged 56, has suffered from leichen planus for two months. The eruption made its first appearance at the end of April, and occupies at present the inside of the knees, the hips, the forearms just above the wrist, the tongue, and the buccal membrane of the mouth. The eruption began with a sensation of stinging, and it continues to sting when rubbed, but otherwise is unattended with sensation. The tongue and mouth feel as if they were scalded, and she complains of a feeling of roughness of the tongue, which extends to the fauces and throat. In general health she suffers from constipation ; formerly she was bilious, but she believes the eruption to have taken away the biliousness ; she is, however, much troubled with excessive perspirations, and is plagued with rheumatism in the hips whenever she is exposed to damp, or her feet are accidentally wetted.

23. A gentleman, aged 40, has suffered from leichen planus for five months. The eruption made its first appearance in the month of January, but has only lately, within the last ten days, been troublesome from itching. It occupies the forearms, the hips, the abdomen, and the calf of the legs.

24. A married lady, aged 54, has suffered from leichen planus for two months. It began on the front of the forearms just above the wrist, and very quickly showed itself on the knees, the legs and thighs, and the hips. There is some degree of pruritus, but she complains that the skin between the papulæ is more itchy than the papules themselves. The eruption came

suddenly in the course of a week, and was excited by chill following a bath taken at Buxton : she was sick after the bath, and had a violent fit of retching.

25. An unmarried lady, aged 51, has been suffering for upwards of six months from an eruption of leichen planus situated on the abdomen and upper part of the thighs. It came out so suddenly that she took it in the first instance for the bites of insects. It has never been attended with much itching, nor given her much inconvenience. She has been teased with rheumatism for about three years.

26. A clergyman, aged 45, has had leichen planus for four months. It made its first appearance in March, and is confined to his extremities ; the parts principally affected being the front of the forearms, the hips, and the popliteal hollow. With the exception of some degree of pruritus on changing his clothes at night, it gives him no trouble. He is somewhat exhausted by overwork, and has had occasional attacks of ekzema inguinum for three years ; at present the leichen would seem to have superseded the ekzema, for he has recently been better of the latter than for some time previously.

27. A gentleman, aged 35, has leichen planus situated chiefly on the front of the forearms, but also on the palm of the hands, in the armpits, in the loins, on the abdomen, and on the calves of the legs. It has existed for three weeks, and came on immediately after a severe cold caught in the exercise of his volunteer duties. It first appeared on the calf of one leg, and his attention was attracted to it by itching ; but in general there has not been much pruritus. Its colour is dull-red, the horny flat summits having a bluish tinge ; it is prominent on the palm of the hands and just above the wrist, but flatter higher up. On the forearms are numerous oblong patches with a prominent border ; some actual rings, half an inch in diameter, and numerous broader patches, pretty uniformly raised and squamous ; while on the abdomen and between the papulæ and patches are numberless minute glistening specks corresponding with the apertures of the pores.

28. A lady, aged 44, the wife of a surgeon-major in the Indian army, had resided in India twenty-two years, and had given birth to eleven children. Latterly she had begun to experience the effects of long residence in a tropical climate, in the accession of weariness and fatigue on moderate exertion, and some impairment of nervous vigour, but she otherwise enjoyed a fair average health.

On the 28th of April, 1867, she embarked at Madras on her return to England, the temperature being hot and the vessel extremely crowded ; and after a few days was seized with inflammation of the soles of her feet, the redness and swelling extending upwards to the ankle. The pain and tenderness were so considerable as to prevent her walking, and she was obliged to keep her legs in an horizontal position.

A few days later an eruption of papulæ appeared on different parts of her skin, beginning with the legs and lower extremities ; then proceeding to the back of the hands and thence to the trunk, from the waist downwards : she likened the eruption to prickly heat. The parts most severely affected were the loins and the posterior aspect of the thighs ; in the latter situation the papulæ were so abundant as to be almost coherent, the whole surface, with the exception of a few patches, being densely covered. In other places the

eruption was discrete. Her husband, who reports her case, observes :—"In all my experience, of upwards of twenty-seven years in India, I had never seen anything exactly similar ; it more nearly resembled prickly heat, the leichen tropicus, in a very exaggerated form, than anything else." At the first outbreak of the eruption there was but little itching, but after three weeks the pruritus became troublesome, and has since increased to such an extent, especially at night, as to be almost intolerable. Nevertheless, "her general health is good ; appetite fair ; bowels regular ; and all her functions normal."

Her husband found the disorder rebellious to all treatment. At first he gave her alterative doses of blue pill, with saline diaphoretics ; next liquor arsenicalis in five-minim doses three times a day for three weeks ; then for another fortnight he made the addition of iodide of potassium in decoction of dulcamara to the arsenical treatment ; and afterwards gave up internal remedies and simply had recourse to the external application of a lotion of liquor plumbi and glycerine. She arrived in England on the 31st of May, and first came under my care on the 19th of July. There had been no abatement, but rather an aggravation of all her symptoms ; the eruption had assumed a more livid appearance, and she was very weary of the continuance of the disease. On the 19th of September, her husband made to me the following report :—"The remedies you prescribed for her were steadily persevered with for about a month after her last visit to you. By that time the eruption had disappeared, with the exception of a few spots on the fore part of the wrists, palm of the hands, and on the sides of the feet near the ankles ; these spots, however, are gradually dispersing under the application of the solution of the pentesulphide of lime. On those parts of the body where the eruption was most severe there is a brownish discoloration ; but that is also going off, and the skin is assuming its normal character."

Subsequently this lady is reported as being perfectly free from the eruption and quite well.

29. A married lady, aged 47, has leichen planus, which has been in existence for five weeks, making its appearance in the month of July. It first showed itself on the palm of the hands, but has since spread to the forearms, back of the hands, chest and shoulders, waist, abdomen, loins, and thighs. It is attended with a burning smarting pain, and itches intolerably when rubbed. She is much troubled with dyspepsia, and attributes the present eruption to drinking cold water when overheated with exercise : at the time of this occurrence, she was seized with severe cardiac pains and difficulty of breathing ; and still complains from time to time, of a cold sinking sensation at the præcordia. The cuticle of the palm of the hands has become dry, indurated, and cracked ; and the fingers feel stiff.

30. A married lady, aged 54, has suffered from an eruption of leichen planus for two months. It began in the month of July in the popliteal region, and is most abundant on the inner side of the knees ; but is also dispersed pretty generally over the surface of the body. It is attended with excessive pruritus ; is annulate as well as papular and diffused ; and, when it fades, leaves behind it a deep red-brown stain : she found relief from the pruritus in the Turkish bath. Previously to the appearance of the

eruption, she suffered much from constipation ; but since its outbreak, the bowels are regular. She has a weak heart, soft tongue, and œdematous lower limbs ; and she describes her sensations, when the eruption appeared, to have been as though "her veins would burst."

31. A gentleman, aged 50, has had an eruption on the front of the forearms, just above the wrist, for two months. It first appeared in July, and has shown itself in a dispersed form on various parts of the body. It is not attended with pruritus. Although in fair general health at present, he had ekzema of the legs in a chronic form eight years back ; and has large blotches of xanthochroia on the legs, consequent on the use of mustard poultices.

32. A gentleman, aged 39, has two clusters of leichen planus, one in the lumbar region, the other on the hip ; one having made its appearance in December, the other in August ; one being two years and the other four years old. These patches were taken for dermato-syphilis, and for four years the patient has been pretty constantly subjected to the mercurial vapour bath, but without any result. His syphilitic history gives no warrant for this treatment, since his only attack of syphilis dates back ten years from the earliest appearance of this eruption ; the primary disease was cured in three weeks ; and he had no secondary disease.

33. A married lady, aged 40, has suffered from leichen planus for three months. It first appeared in August, and now occupies the arms, legs, and waist. The colour of the eruption is a purplish crimson ; many of the patches resemble lepra vulgaris, and the pruritus which accompanies it is excessive, coming on in paroxysms, and utterly destroying her rest at night. She is generally weak in the summer season, and having felt languid and debilitated for many months, had betaken herself to the seaside ; and it was while she remained at the sea that the eruption made its greatest progress. Somewhat less than three years back she had an attack of ekzema ichorosum capitis ; and for two years past she has had ekzema capitis furfuraceum.

34. A gentleman, aged 21, has leichen planus, situated on the front of the forearms, just above the wrists, and at the upper and inner part of the thighs ; there is also desquamation of the cuticle of the palm of the hands. The eruption has existed for six weeks ; there has been no itching ; and it presents the papular form, very slightly elevated, and the retrograde and pigmentary form. There is a failure of his health, which has existed for two years, the sequel of an attack of rheumatism. After a fortnight's treatment there was a great improvement in the eruption, which had subsided very considerably.

35. A gentleman, aged 69, has suffered from leichen planus for one month ; and complains of the intensity of the itching. He is not otherwise out of health.

36. A medical man, aged 58, has been the subject of leichen planus for nearly three months ; in every other respect he considers himself to be in good health. The eruption appeared first about Christmas, with a very little itching and no heat. He noticed it for the first time on the back of the thumb, then it showed itself on the forearm a little above the wrist, and subsequently at the upper part of the thighs. Originally it was slow in its progress, latterly more rapid ; it consisted of papules one line in diameter, and

small circular patches composed of an aggregation of papulæ, and having a diameter of half an inch.

37. A tradesman, in good general health, aged 44, has leichen planus distributed on the legs, chest, in the umbilical fossa, and on the arms. It began three months previously, and was cured in five months, making its total duration nearly nine months. It presents the two usual forms, discrete and confluent, and is remarkable for its deep bluish-red hue. The pruritus is very trifling ; a little itching when he leaves bed in the morning, and a little in bed at night, being his only complaint. While under treatment a fresh attack took place in the loins ; but this, like the rest, faded a few weeks later, leaving behind it its characteristic brown stains. He stated that he had had no illness for twenty years.

38. An officer in the army, aged 34, enjoying good health, has an eruption of leichen planus, situated on the front of the chest, in the loins, and on the hips. It has been in existence for one year, and sometimes itches excessively. The patches are very generally circumscribed, and some resemble lepra vulgaris very closely.

39. A married lady, aged 36, has suffered from leichen planus for eleven years. The eruption is chiefly situated in the groins and axillæ, on the hips and on the thighs. In the groins the papulæ form a marginate border, the area being brown-coloured, and comparatively smooth. The pruritus is very troublesome, and she has besides schirrus of the breast.

40. A gentleman, aged 35, has leichen planus, which is remarkable for the brightness of its crimson-red colour. It has existed for three months, having commenced towards the latter end of March. The eruption, besides the ordinary flat papulæ, presents a multitude of puncta, and is most abundant on the loins, the abdomen, and shins, a very few papulæ being sprinkled on the forearms. There is an almost complete absence of pruritus. He is a rheumatic subject, but otherwise enjoys an average state of health. At the end of a month of treatment the eruption was fading, and its colour had changed to a pale yellowish-red.

41. A gentleman, aged 33, has a somewhat abundant sprinkling of leichen planus on the surface of his body. It first appeared in the month of May, and has lasted for three months. It showed itself in the first instance on the temples, next on the back of the arms and hands, and then around the waist, and it is attended with little or no itching. In his childhood he had been the subject of erythema œdematosum.

42. A married lady, aged 44, is suffering from leichen planus, which first showed itself in the early part of July, 1868, and has existed for four months. She had been previously out of health with gastric disorder, and the eruption is remarkable for its pruritic symptoms. It began on the palm of the hands and sole of the feet, and then extended in succession to the abdomen, the loins, the hips, and the thighs, while latterly it has made its appearance on the head. It presents the usual characteristic features,—flattened papulæ dispersed and coherent, of a dull crimson hue, and diffused squamous patches of irregular figure and extent.

43. An unmarried lady, aged 27, was seized with an outbreak of leichen planus in the month of September, 1868. She had suffered a domestic

bereavement, had subsequently over-walked herself during the very hot weather, and had been residing for a short time in a relaxing climate. The eruption followed on these events. It appeared first on the front of the forearms just above the wrists, then on the shoulders, next around the waist and upon the abdomen, and afterwards on the calves of the legs ; there were also a number of white specks upon her tongue. The eruption presented its three principal forms, puncta, flat papulæ, and diffused patches, together with its characteristic lilac-tinted colour ; while the pruritus was very trivial, and scarcely attracted the patient's attention.

44. An unmarried lady, aged 27, has leichen planus, which made its first appearance in September, on her return from the sea-coast, and has remained unabated for three months. It began on the front of the forearms, and then showed itself in succession on the front of the chest, around the waist, on the abdomen, on the inner side of the thighs, and in the axillæ. It gives her much annoyance from frequent itching, and she is a person of highly nervous temperament.

45. A married lady, aged 30, has been troubled with leichen planus for three months. It began about the middle of October, by a scanty eruption situated on the outer side of the right forearm, and then extended along the front of the forearm to the wrist. It next showed itself on the right hip, and subsequently on the calf of the same leg. At the time of her application for relief it had just commenced on the left side by a small patch situated on the shoulder. It made its appearance without pruritus, but as it increased in extent a sensation of itching was manifested ; it was itchy when the body became warm, and was especially troublesome under the warmth at bed, and seriously disturbed the rest of the patient at night.

46. A gentleman, aged 46, was attacked with leichen planus in the month of October, 1868. In January, 1869, when he came first under our notice, the eruption consisted of large blotches situated on the calves of both legs, with a scattered eruption upon the elbows, the front of the forearms just above the wrists, and on the back of the hands. He complained of the itching, which occurred during exercise, or when he approached the fire. Ten days later the eruption made its appearance on the hips and on the upper and inner part of the thighs ; and from this period onwards, for a period of six or seven weeks, it continued to increase. Some of the patches of a circular figure, and ranging in size between a quarter and half an inch in diameter, had very much the appearance of lepra ; while subsequently these patches enlarged by the circumference, and gave rise to diffused, infiltrated, squamous patches of considerable size.

47. A gentleman, aged 47, a land agent and surveyor by profession, weighing nearly 19 stone, has been the subject of leichen planus for two years. It began just above the right wrist, and gradually disappeared. A year later it showed itself on the opposite wrist, then on the hips, the lower part of the abdomen and the podex. His health is good, and he applies for treatment, chiefly on account of the pruritus, which occurs at bedtime or when he is hot, and which is sometimes extremely severe. No treatment that he has heretofore undergone has produced any good result, and for two weeks he pursued the sulphur treatment at Harrogate without any benefit. A year

before the first outbreak of the leichen he suffered an attack of ekzema in one leg, which was quite gone before the present eruption appeared.

48. A lady, aged 57, has suffered from leichen planus since October, 1868, now nearly five months. It made its first appearance in the palm of the left hand, and next in the left armpit. At present, besides these localities, it occupies the left thigh, the right groin, the front of both forearms just above the wrist, and the tongue, on one side more than the other. It commenced with itching, and was attributed in consequence to the bite of harvest bugs; but the patient remarks that the itching was more easily relieved by scratching than the bite of the harvest bug. It is still accompanied with itching, chiefly in the evening, but the pruritus is never sufficient to disturb rest. On the tongue the eruption presents the appearance of white specks; it has existed for six weeks, and the organ is tender. In this lady's case there is very little disturbance of the general health.

49. A gentleman, aged 65, is suffering under leichen planus, which is situated on one leg, in both groins, in the hollow of the lumbar region, and on the abdomen. It made its first appearance in October, 1868, six months ago, on the leg; and at the present time exhibits in this situation both the coherent and the scattered form. It is also both coherent and scattered in the loins; but in the groins is marginate; the area included within the marginate border being brown in colour, and moistened by a slight exudation. The eruption is somewhat pruritic, but not so to a very decided degree; and was named by a dermatologist who had seen it previously to myself leichen agrius pruriginosus. The patient is much out of health; debilitated and somewhat anæmic.

50. A clergyman, aged 68, has a crop of leichen planus on the back of the hands; it is confined to this situation, and made its first appearance in the hot weather of June, 1868. He had at the time several persons in his village suffering under typhus fever; the duty of attending to these patients was laborious, and, in consequence of the heat of the weather, exhausting; the atmosphere of the cottages was unwholesome; the air was filled with flies, and he labours under the impression that the eruption originated in the bites of these insects. The papulæ which appeared at the above date, have continued up to the present time for nine months, and show no tendency to depart They have the characteristic dull crimson hue of leichen planus; with flattened glossy summits, and are inconvenient only from their unsightly appearance. He has been the subject of the ekzematous diathesis from childhood.

I have already remarked, and the above cases will substantiate my proposition, that leichen planus has no special constitutional symptoms of its own; nevertheless, the eruption is sometimes preceded by constitutional disturbance; and in every instance is due to some cause which interrupts the proper functions of the economy, and depresses the vital energy. This state of facts was strikingly illustrated in a case that came under my notice subsequently to the fifty cases above narrated. A young man, in the course of the hot summer

of 1868, had been actively employed in a close printing-office during the day, and was kept up until a late hour night after night: this manner of living induced exhaustion and debility, and the result was an attack of leichen planus. With one single exception (case 6) the eruption had appeared as a primary disorder, as an occurrence which had never been experienced before; and in this particular it differs from other forms of leichen, from ekzema, and the majority of cutaneous eruptions. It was sometimes associated with rheumatism, neuralgia, or erythema, and was sometimes intercurrent with these affections, having the semblance of a substitutive disorder, and in this character approaching in its nature to ekzema; while in other instances it was occasionally present in conjunction with ekzema, and more rarely with lepra. In about half the number of cases reported, the disorder was pruritic, in the other half there was an absence of pruritus; and in the pruritic cases, where the eruption made its appearance in nervous females, the itching was occasionally (case 18) of the most intense description. This fact, although difficult to explain, deserves to be borne in mind, as it might in some instances have a bearing upon the diagnosis of the affection. It is also worth remembering that one case (case 50) was ascribed to a kind of poisoning from the bites of flies present in a contaminated atmosphere; while another (case 32), from a want of knowledge of dermatology on the part of the surgeon, was treated as a dermato-syphilis, and the patient was subjected for a considerable period to mercurial fumigation.

In reference to the *treatment* of leichen planus, our first object should be to regulate the functions of the economy wherever any disorder might be apparent; in the next place we should endeavour to restore the vigour of the system by tonic remedies, such as bitters, quinine, nitromuriatic acid, and chalybeates; and these objects being effected, we may finally have recourse to the tonic-nutritive operation of arsenic. The results of this method of treatment have been highly satisfactory in the treatment of the greater number of the cases narrated; while, locally, the most reliable remedy is a solution of the perchloride of mercury in emulsion of bitter almonds, in about the proportion of two grains to an ounce. It is important, before using the latter remedy, to stimulate the eruption by friction; and in the instance of the desquamating confluent patches, to remove as much of the scale and sordes from the surface as possible by means of a thorough saponaceous ablution. Next in efficacy to the mercurial salt is the pentesulphide of lime solution. The eruption is sometimes very rebellious, but in general yields very fairly to treatment.

ON A DISEASED CONDITION OF THE HAIRS OF THE AXILLA, PROBABLY OF PARASITIC ORIGIN.

By F. V. PAXTON, M.B., M.R.C.P., Physician to the Chichester Infirmary.

I HAVE lately observed a few cases of a diseased condition of the hairs of the axilla, probably due to a vegetable parasite, which does not appear to have been hitherto described. It is, nevertheless, apparently not very uncommon, although easily overlooked if not specially sought for, as it does not appear to produce any inconvenience or irritation, or to be accompanied by any disease of the surrounding parts. There were no traces of pediculi in any case which I have as yet examined, nor is there any reason to suppose that they have any share in the production of the disease.

The affected hairs are of a lighter colour than those which remain normal, and are also swelled and knotty, and have a dull gelatinous appearance. This deformity usually commences a few lines above the bulb, and extends over the whole remaining length of the hair; but in some cases a much smaller part is affected, or there may be only a few isolated knots. The swelling depends mainly on masses of foreign matter attached to the hair in more or less of its circumference, but not usually surrounding it anywhere. They are so closely adherent that a transverse section may be readily made without detaching them. In its more central parts such a section does not exhibit anything abnormal, but at the circumference the hair structure is seen to be frayed out, fibres passing into the masses of foreign matter which here cover it on both sides. In structure these masses are granular, with an obscure appearance of lines radiating outwards.

In order to examine the surface of the hair and its relation to the masses of foreign matter, some preparation is necessary to render them sufficiently transparent. The following plan seems to give the best results. The hair is first boiled in strong solution of ammonia; then, after it has been carefully dried, it is heated with ether and chloroform successively, in order to remove all oily particles. After it has again been dried it is laid on a slip of glass in a drop of strong glycerine and heated. In a portion of hair which is thus prepared, the imbricated scales which form the cortex in its normal condition are absent; the more superficial fibres of the shaft are ruptured, as if by a force from within, and imbedded in the extraneous

matter. In some cases the disintegrating process extends much further; indeed, most of the affected hairs are broken off near the point. The fracture in such cases is ragged and brushlike. In other instances the shaft is cracked through, and the fragments only held together by the new material, as by a ferrule. There is the same granular appearance on the surface and obscure radiated structure internally as we have seen in the transverse section, but there is nothing which can be identified as spores. In specimens which have not been treated with ether there are little roundish bodies which have very much that appearance; but as they disappear in the course of preparation, it is to be presumed that they are merely oil globules. When one of these hairs is examined in a drop of water, after a short time minute particles are thrown off and exhibit rapid movements. When treated with solution of iodine, the foreign matter becomes rather more deeply coloured than the hair; but when sulphuric acid is added, it does not give the reaction of cellulose. If an affected hair is heated in a drop of liquor sodæ so as to destroy it, the concretions remain, and may still be observed retaining their outline, and faintly exhibiting a granular structure after the hair has entirely disappeared. They are, however, more altered by solutions of caustic alkalies than the tubes of favus, which indeed seem to be almost indestructible by this means. I have not yet succeeded in making this parasite germinate. When laid on a glass slide in a drop of syrup and supplied with water, the small moving particles increased much in number, but underwent no further development. These hairs, when laid on slices of radish and kept on moist sand under a bell-glass, were soon covered with tufts of a minute white mould,* the spores and mycelium of which were so numerous as to obscure any proper growth from the parasite. In one instance it appeared that there were some coarser yellowish threads produced at the same time, but they were not sufficiently distinct to justify any positive conclusion as to their origin. Notwithstanding my want of success in this respect, I think that no doubt can exist as to the parasitic origin of this disease. The injury done to the shaft of the hair is precisely such as would be produced by a growth originating just below the

* The occurrence of this mould, which is very distinct from such of the many kinds as I am familiar with, is mainly interesting from the fact that it was also constantly produced when an undoubted fungus was placed in similar circumstances under another bell-glass. In the present case it certainly originated on the hair parasite, and only subsequently spread to the radish.

surface and bursting outwards by its increasing bulk. The resemblance in this respect to the growth of the epiphyllous fungi is too marked to be overlooked. Then the peculiar structure, granular on the surface, obscurely fibrous internally, much resembles that of the denser parts of some fungi. It is, however, very different from most of the fungi which have hitherto been described as infesting the hair and skin. It most resembles that described by Dr. Tilbury Fox in the JOURNAL OF CUTANEOUS MEDICINE for July, 1867; and indeed the resemblance is so considerable in some respects as to suggest that they may be different forms of the same species modified by difference of habitat. I have not had an opportunity of examining the parasite causing the so-called gregarines; but from Dr. Tilbury Fox's description they appear to differ in the following particulars. The Achorion Beigelii appears to consist of a sclerotioid mass, the cellular structure of which may be distinctly made out with a magnifying power of 200 diameters. It has its origin among the cortical scales of the hair, but no deeper; consequently the shaft of the hair remains healthy, and does not break off in any case. It also appears to be confined to single isolated points on the hair, forming little knots. The mass bears on its surface a considerable number of large spore-like bodies which can be made to germinate. The parasite affecting the hairs of the axilla probably also consists of sclerotioid masses, but their texture is finer, so that the cells cannot be distinctly made out with a power of 500 diameters. It is also developed in the deeper structures of the hair, and hence produces greater alterations in its structure. There is an absence of the large spore-like bodies; at any rate they are very scarce, and the mass does not readily undergo further development. It is not impossible that these differences are caused by the difference of habitat, and they certainly are such as might be expected to exist between a plant occupying so exposed a station as the scalp and a dweller in the tropical heat and moisture of the axilla. Whether this is or is not the case, and what are the botanical affinities of this parasite, it is vain to speculate until it can be made to germinate and bear fruit in a satisfactory manner.

I have found an instance in which the hair was coated from the bulb upwards with a membranous coating, continuous below with the white cuticular matter so often withdrawn in extracting a hair, and above becoming more and more granular in texture and passing into the concretions of foreign matter. This would appear to suggest that the condition I have described is merely an exaggeration of that in which

portions of the lining of the hair follicle are drawn up upon the hair.—Todd and Bowman, *Phys. Anat.*, vol. i. p. 419, 2nd edition.

This hypothesis, however, would not be compatible with the stability exhibited by these concretions when exposed to the action of caustic alkalies, nor would it account for the peculiar broken condition exhibited by the deeper structures of the hair, especially as such a coating would tend to protect the surface of the hair from the constant attrition, which, as Mr. Erasmus Wilson has observed, is frequently the cause of a peculiar roughness and absence of cuticle in the hair of this region. It is not impossible, on the parasitic hypothesis, that the presence of growing mycelium in the interior of the hair follicle may stimulate the cuticle to increased growth, and that the imperfectly formed mycelium may be further developed, and produce disruption of the fibres of the shaft of the hair beneath this covering.

NOTES ON LUPUS.

By H. S. Purdon, M.D., Physician Belfast Hospital for Skin Diseases; Assistant-Physician Belfast Charitable Infirmary.

MR. MILTON has described a form of Lupus* occasionally seen in children, as essentially scrofulous. I have had recently two well-marked cases of this affection under treatment, both of which existed, curiously enough, on the buttock. In the pamphlet already referred to, we are informed that the disease under notice resembles the lupus non exedens simplex of Rayer, also the lupus with hypertrophy of Copland, "and stands midway between the creeping and erythematous forms. It begins with very soft tubercles, which spread but do not ulcerate; as the tubercles widen they become moist on the surface, or are covered with loose, soft scales. Like the erythematous form, it generally spreads very slowly . . . sometimes it only heals in one part to spread in another. As it heals, indelible white cicatrices are left. I have only seen it on the breast, leg, and cheek, the latter being the most frequent seat." The preceding accurate description agrees with the histories and appearances of both my cases.

It may be as well to state that the commencing tubercles

* "On the Treatment of Lupus." 1866.

of this variety of lupus are very small, soft, flat, red, and moist, "never suppurate like the cutaneous abscesses of scrofula, nor ulcerate at any period. The cuticle is gradually cast off, and to this succeeds an unhealthy viscid secretion, or loose soft greenish crusts. Generally, as one part encroaches on the sound skin, another heals, or the whole patch may heal from the centre and spread at the edges."*

In both my cases there was slight subcutaneous infiltration. As is well known, the ordinary forms of lupus destroy all the structures of the skin. Such is not the case in the affection under notice, except in chronic cases. The following is briefly reported.

John Gibson, aged 14 years, has been attending the Belfast Dispensary for Skin Diseases for several months. His mother died from phthisis. She had only one other child—a boy—who died of the same disease. The father is living, and has always been healthy. The patient is a weakly, delicate-looking boy, small for his age. The following is the account of the appearance of the cutaneous affection as given by his aunt:—She noticed, when he was born, a little red solid elevation on his right cheek, left buttock, and leg, one in number on each part. At first they were not permanent, appearing and disappearing alternately on successive days. Pain or itching was never complained of. All the parts affected were cauterized with nitrate of silver, about nine years since, by the late Dr. Bryce. This treatment was only successful on the leg, which was cured at the end of a year. The progress of the disease on the cheek and buttock was exceedingly slow; so slow that when he had attained his ninth year, the extent of surface implicated on the buttock was not larger than the size of a penny, and on the cheek to the same extent. The former has been nearly always a dry eruption, except at the edges, and is slowly advancing. About three years since a small lupoid spot appeared on the forehead. The patches on the cheek and forehead were successfully cauterized about eight months since. The "ether spray" was first applied, and when the cutaneous anæsthesia was sufficiently marked, a sharp-pointed stick of nitrate of silver† was "bored," so to speak, down till beneath the tubercles, a few of which were missed, but were subsequently operated on. At the present time (March, 1869) he has enlarged glands in the neck, evidently strumous. The description of

* Milton on Lupus. JOURNAL OF CUTANEOUS MEDICINE, vol. i. p. 19.

† That sold in little glass bottles is already pointed, and much tougher than the ordinary nitrate of silver. S. Maw & Son are the proprietors.

the patch on the buttock is as follows:—Surface of a dark red colour, making an attempt at cicatrising in the centre; circular in form, about four inches long by five broad, extending to the cleft of the nates; the edges are elevated; all the follicles are obliterated. It has on several occasions been painted with a solution of chromic acid (ʒii to the ℥i), but without any apparent benefit. Latterly iodized glycerine has been constantly applied.

The family history of the case recorded is decidedly strumous—phthisis, as already mentioned, carrying off his mother and brother; but, in the words of Dr. Copland,*—

> A careful distinction should be made between the scrofulous diathesis taint or predisposing constitution, and the actual manifestations of scrofulous disease—between the *Ens in potentia* and the *Ens in actu.* The scrofulous diathesis may, by the debility or the susceptibility accompanying it, predispose to other diseases besides those which are more strictly strumous, and a distinction should therefore be drawn between the latent, or inactive scrofulous taint, the diseases which are not strictly attributable to this taint, and those maladies which are actually the structural manifestations of it.

I believe some physicians consider that strumoderma is a preventive, so to speak, against phthisis; and Dr. Copland, in his work on consumption (p. 122), informs us that "external scrofula, or external glands which have fully suppurated, is less likely to be followed by phthisis than the quiescent scrofulous taint." Niemeyer† considers the following to be the relation between scrofula and phthisis:—

> Persons whose lymph-glands participate in the general vulnerability and tendency of the tissues to furnish an abundant production of cells upon inflammatory irritation, are termed scrofulous. The disposition of the lymph-glands to enlarge by cell hyperplasy is constantly connected with a predisposition to inflammatory affections . . . . If now the vulnerability of the scrofulous individual persists up to the age in which lung diseases are common, while the liability to moist exanthemata, conjunctival diseases, &c., is diminished, pneumonic processes occur, following upon the same trivial exciting causes, and showing the same obstinacy as the so-called scrofulous diseases. The latter circumstance is specially favourable to a termination in cheesy infiltration.

The above interesting extracts bear upon the subject under notice, and show us that those tissues and organs of complex structure—for example, the skin—are easily disorganized

* "Dict. of Pract. Med.," vol. iii. p. 731.

† *Medical Mirror*, April, 1868.

when the nervous power is impaired and the capillary circulation obstructed.

The following case of the same disease occurred in my private practice, and also testifies to the connection with phthisis, which was in the family. Miss M., aged 22, consulted me for a chronic skin affection of six years' duration, situated on the right buttock. Phthisis is in the family, and has carried off several relations. In appearance the skin of the affected part is dusky-red and slightly raised, owing to infiltration, best marked at the edge of the patch, which in some places is distinctly tuberculous and covered by a greenish crust. On touching the diseased cuticle, a feeling like soft leather is experienced, especially in the centre, where an attempt at cicatrising has been made. The treatment adopted was internally, liquor sodæ arseniatis and cod-liver oil. Latterly "pancreatic emulsion" has been substituted for the oil, and with the best results. Locally, glycerole of starch applied for about seven or eight days, and afterwards iodized glycerine painted on the affected part night and morning.

Since the above cases presented themselves, I have met with another patient, in whom the disease has attacked the skin covering the deltoid on the right arm. The patient is decidedly strumous, suffers from ordinary lupus of the face, and has a sister affected with psoriasis.

No doubt exists in my mind of the cases already described being varieties of lupus, agreeing with Mr. Milton's description, but it is not at all probable that they could be correctly classed in Virchow's arrangement, who looks on lupus as a new formation, caused by what has been appropriately called "the reproductive energy of cells," which are stimulated to multiply and divide, forming new growths composed of cells similar to those from the irritation of which they have sprung, or modified by repeated division forming pseudoplasms, or lupus, which is incapable of independent growth, extending by invading neighbouring tissues; but the formative process probably has in itself a productive and irritative nature. Under the head of lupus I agree with Mr. Milton that some forms of sykosis (I would rather look on it as a variety of impetigo, as sykosis is a parasitic affection) should be included, and on March 5th, 1869, I had the opportunity of seeing a case of this disease at St. John's Hospital for Skin Diseases. Mr. Milton pointed out to me several features common to lupus, observed in this patient, and I perfectly agree with him that it was a true creeping lupus on a site covered by hair.

ON THE NATURE AND CLASSIFICATION OF EKZEMA.

By J. L. Milton, Surgeon to St. John's Hospital for Diseases of the Skin.

UP to a very recent period ekzema was classed, with scarcely a dissenting voice, among the vesicular diseases. When, in a paper read some years ago at the Medico-Chirurgical Society, I opposed this view, not a single writer, so far as I could then learn, with the exception of M. Devergie and Mr. Erasmus Wilson, had ever expressed a doubt as to the propriety of this arrangement, and even these two authors had not gone so far as to abandon the old classification. M. Devergie seemed to be struggling against the conviction forced upon him by his own observations. In 1857, after saying* that "if ekzema be a vesicular disease by virtue of its morbid element, *the development of the vesicles is only momentary*, and appears, at the commencement of the affection, to disappear in a few hours;" in other respects he left the classification where he found it. What M. Devergie really meant by ekzema being "*vesicular by virtue of its morbid element*," I am quite at a loss to comprehend; but, as the fleeting nature of the vesicles is so fully acknowledged, we need scarcely be surprised to find him stating directly after that it is *very rarely the physician can see them* (the vesicles), and that their covering is so thin *that they can only be made out by the reflection of sunlight!* a very difficult kind of vesicle, I should say, for any one to find. Yet a little further on, apparently mistrusting his own words, we find M. Devergie describing ekzema as a punctiform, reddened state of the skin discharging serum very abundantly. He was evidently afraid to rely on the evidence of his own observations, which would soon have shown him that ekzema, in the majority of cases at any rate, *is not a vesicular disease at all.* Mr. Hunt, too, at the very time he was classifying ekzema as a vesicular disease, got very near the true facts of the matter, in one instance at any rate. He says,† in speaking of the symptoms of a case of ekzema, "the vesicular character was not distinctly seen, *the original eruption presenting rather the character of papulæ containing no visible fluid.*"

In the discussion which followed the reading of the paper

* "Maladies de la Peau," p. 231.

† "A Guide to the Treatment of Diseases of the Skin," 1857, p. 138.

alluded to, the view I had taken up, namely, that ekzema is really not a vesicular disease, was opposed very decidedly, and I need scarcely say that it would be opposed now by some writers. Wilson, Hebra, M'Call Anderson, and others, however, now distinctly admit what I then contended for, namely, that the elementary lesion of ekzema is not necessarily a vesicle; but, on the other hand, they go farther and assert that it may be an erythema, a vesicle, a papule, or a pustule—a view which, with some modification, will beyond all doubt be ultimately adopted, and which is even now spreading pretty quickly.

This change of opinion seems, so far as I can make out, to be pretty generally attributed to the great influence exerted by Hebra. Not long ago, in a paper by Dr. Hugenberger, the question was treated as if Hebra were the only person who had ever touched upon the subject. But I believe Hebra only published his views on the subject in December, 1862, in the *Wiener Medizin-Wochenschrift;* whereas the paper I speak of, in which ekzema was defined as *an inflammation of the skin, followed by death of, and throwing off of, the cuticle, and discharge of serum,* and in which I expressly denied its vesicular nature, and described pityriasis and tinea circinata as capable of passing into decided ekzema, was read before the Medico-Chirurgical Society in 1860 and 1861, and a translation of it appeared as early as May, 1861, *or nearly a year and a half prior to the appearance of Hebra's first communication on the subject,* in the very journal in which Hebra made known his own views in May, 1861, or nearly a year and a half previously. Again, some years prior to this Mr. Erasmus Wilson had stated that in the ekzema of children the predominant element might be an erythematous, pustular, or papular state, and had ranked pityriasis of the head as a variety of this affection in children, thus clearly anticipating one of Hebra's divisions of ekzema. I speak under correction. M. Hebra may have made known his views at an earlier period; I can only judge from dates I have been able to obtain access to.

Mr. Erasmus Wilson recognizes six essential varieties of ekzema:—1. the erythematous; 2. the papular; 3. the vesicular; 4. the ichorous; 5. the pustular; 6. the squamous. Hebra* divides ekzema into five kinds:—1. ekzema squamosum, or pityriasis nigra; 2. ekzema papulosum, or leichen ekzematodes; 3. ekzema vesiculosum or solare; 4. ekzema rubrum or madidans; 5. ekzema impetiginosum, or impetiginoid ekzema. This classification is very similar to

* "Handbuch der speciellen Pathologie und Therapie." Dritte Band. Dritte Lieferung. S. 337.

that adopted by Dr. M'Call Anderson.* He does not view ekzema as a vesicular disease, but classes it with prurigo. He does not, however, entirely reject the vesicular form; on the contrary, he not only admits ekzema solare, but says:†— "While in one case the eruption of vesicles forms the starting-point of the ekzematous symptoms, in another case we first of all see red scaly spots." He even recognizes it as a necessary lesion in one variety. He considers as kinds of ekzema, all morbid appearances on the general covering of the frame which are peculiar either to the development or the decline of ekzema.

I cannot say that this arrangement is to my thinking quite satisfactory. The form of ekzema which Hebra considers essentially vesicular is more like herpes or pemphigus. He only allows forty-eight hours at the utmost for the existence of the vesicles of acute ekzema, whereas the true vesicle runs longer. Hebra maintains that ekzema is still the same complaint, whether it appear under the form of papules or vesicles; and this view he upholds on the ground that an artificial ekzema—as, for instance, one produced by rubbing in croton oil—will appear in the form of papules, vesicles, &c.; and to this view, if I understand him rightly, Wilson lends his sanction. But, with all possible deference, I submit that the reasoning is faulty; for it is as certain as any fact can be, that *the papular form of ekzema will appear on the very places where we at times see undoubted eruptions of vesicles,* for I need scarcely state that both are occasionally found on nearly every part of the frame. It is therefore clear that there must be a fundamental essential difference between the process which brings forth the papule and that which generates the vesicle, and that difference in the eruption is not due merely to difference of site.

It simply requires that surgeons should judge for themselves in order to be convinced that true ekzema is not vesicular at any period of its course. It was not without considerable diffidence that I first hazarded this statement, standing, as I then thought I stood, quite alone in this view. Having, however, suffered from this complaint, I had on numerous occasions watched the development of the morbid process hour by hour from the very beginning, and had long ago satisfied myself that there was no real foundation for the opinion so very generally entertained. Being unwilling, however, to rely

* *Medical Times*, 1863, vol. i. p. 472.

† "Handbuch der speciellen Pathologie und Therapie." Dritte Band. Dritte Lieferung. S. 337.

exclusively upon my own case, I examined a great many patients of all ages with a good lens, and wrote down the observations as they were made, but I looked in vain for the vesicle of ekzema. I found, it is true, vesicles enough, *but none which passed into an ekzematous surface.* Again, on reading a paper in the *Medico-Chirurgical Review* in which ekzema was mentioned, I repeated these observations with all the care I could, but with the same results. Some circumstances were, however, noticed which probably contribute to support the view so generally taught.

1. The first is, that when the discharge comes from a part furnished with hair, as the leg for instance, minute accumulations of fluid form at the junction of the hair with the skin. These are possibly considered as vesicles—M. Devergie, for instance, seems to take this view;—but on more close scrutiny it will be found that *neither their course, situation, nor form corresponded* with those of a true vesicle, and on touching one of them *gently* with a blunt-pointed glass rod, a minute drop of serum will be found adhering to it. I have always failed to detect the slightest trace of cuticle on these little drops of fluid; certainly, if there were any, the pressure was much too slight to break it, whereas we know that the covering of vesicles will resist some force. When M. Devergie speaks of the fleeting nature of the vesicles of ekzema, he overlooks the fact that genuine vesicles are not very fleeting even in such transient disorders as miliaria, and that those of herpes, with which he classes ekzema, not only bear such distension as to become globular without bursting, but endure the friction of the clothes for days without rupture. Again, herpes may reappear for a long series of years without a single patch becoming ekzematous; ekzema, so far as I have been able to observe, never becomes herpetic, nor have I ever seen an outbreak of vesicles on a patch of ekzema. At times large patches of skin become covered with ill-developed vesicles, looking as if they would become ekzematous. I have never seen them do so, but I do not impugn the accuracy of those who say they have; they sometimes complicate or accompany genuine ekzema, but if the latter complaint continue ever so long, or reappear ever so often, they do not make their appearance again. And these facts are, I submit, strong grounds for believing *that there is a radical and unalterable difference between ekzema and herpes, the papule and vesicle.*

2. The second circumstance is, that in the vicinity of ekzematous patches, vesicles and even bullæ are occasionally found; the former not unfrequently appear about the knuckles or back of the hand. These vesicles, however, last but a very

short time, and in most of the cases I have seen they did not return after being once removed; in a few instances they did. No connection seemed to exist between the number of attacks of this kind of complication and of the outbreaks of ekzema. One patient, who had had ekzema continually breaking out for years, had never suffered from vesicles; another, under the same circumstances, had had five or six attacks; in another case I was informed that each eruption of ekzema had appeared in this way. So far, however, as my own observation goes, I never saw it more than twice in the same patient. This eruption seems to be in no way dependent on the state of the ekzema; it will disappear when the latter complaint is stationary or getting worse. In all the cases I ever saw, the vesicles were rare in proportion to the numbers and extent of the ekzematous patches; a patient might have thirty or forty of these, and yet only one near which there were vesicles. These vesicles always healed quickly and did not become ekzematous, and the disease in their immediate neighbourhood remained uninfluenced both by their outbreak and their departure; sometimes appearing afterwards in its usual form on the very spot where the vesicular eruption had been,—a still stronger proof, it seems to me, than any of the foregoing, that there is a radical, unalterable difference between the vesicular and ekzematous inflammations.

3. The third reason is that a disorder which seems to me to be a form of herpes has been confounded with acute ekzema. It begins with heat, severe itching, and pungent, stinging pains. Vivid red patches form and serum is effused under the cuticle, which is raised up in firm irregular vesicles; then the serum becomes of a whitish hue and grows turbid; the vesicles break, the fluid oozes out, the cuticle is next thrown off, leaving the skin red and tender, and the disease passes away, mostly, I believe, to return no more. In still more severe cases numbers of little pustules form round about them, constituting really an impetiginous herpes. Now this complaint, seen when the cuticle has just given way and when the serum is pouring out freely, might be taken for ekzema. But except that the vesicles run into a mass instead of remaining separate, I see nothing that distinguishes this complaint from herpes zoster; it never tends to take on the one essential character of ekzema, that of discharging serum for an indefinite period of time; it disappears almost, if not quite, as fast when nothing is done as when it is actively treated; the vesicles are firm, and only break when the fluid has become turbid and flaky. At the end of two months' duration of the disease in a chronic form I have seen some of

them still full of fluid; how long they had lasted it was of course impossible to say, as the accounts given by patients or their friends of any particular vesicle, to which very probably their attention has never been previously directed, were not likely to be very connected or reliable. But the very fact of their continuing to exist under any circumstances proves that the tendency to form vesicles continues in these cases, *and this we certainly do not find in ekzema.*

On every ground of analogy as to anatomical and pathological features, course, and cause, ekzema solare, ekzema mercuriale, vesicular eruptions of the hands in bakers, confectioners, &c., and vesicular scabies ought, I think, to be referred to this variety, and the whole subdivision classified with herpes, of which they are only forms. They are simply instances of blistering induced by heat or some other irritant, and no more ekzema than blistering with cantharides or boiling water would be. There is, however, one form of solar ekzema which might be mistaken for genuine ekzema. It is that affection in which a large portion of skin in an exposed part, as the back of the neck, is steadily invaded by a crop of vesicles which gradually turn flaky and yellow. It is very slow and will last a long time. I have seen cases in which it had not altered materially during two months. It is not always due to extreme heat. In children, during cold, dry east winds in spring, the vicinity of patches of dry ekzema will sometimes be invaded by vesicles in considerable numbers. For the most part these may be referred to the same variety. Ekzema mercuriale I have never seen in the vesicular stage, but I think, from the descriptions given, that it clearly belongs to this group, and that it is manifestly herpetic. The very course which it runs proves it to be different from pure ekzema. It generally yields promptly if merely let alone or under any simple treatment, and shows no tendency to come back again and again, which cannot be said of ekzema. It is true this arrangement is quite antagonistic to all established views, and clashes with the pathology of Plumbe and Willan; but the fact is that the ekzema of Plumbe simply embraces the ekzema solare and mercuriale; *he never alludes to the severe affection nowadays called ekzema as being a form of that complaint.* Any confusion, therefore, likely to ensue from the change I have proposed is due, not to any desire of introducing novelty on my part, but to the fact *that what we recognize as ekzema was certainly not recognized as such by Plumbe.*

The chronic form of ekzema, in the vast majority of cases, begins as an eruption of papules; in rarer instances, as an erythema or pityriasis. These may therefore, for the present,

be laid aside, in order to examine acute ekzema which we might expect to find more closely connected, if any form of ekzema can be connected, with vesicular disease; but the more narrowly we scrutinize it, the more certain does the conviction become that its course and symptoms ally it to an acute erythema or erysipelas, or that form of inflammation described by Wilson as scalled head. In this affection a large portion of skin, as the forehead for instance, becomes red, swelled, glazed, and stiff. This is followed by desquamation of the cuticle and the formation of moist scales, or even crusts; or there may be a slight, though decided weeping, as is often the case when the complaint attacks the lower part of the leg. Now, an observer bent on finding out the truth, and not on merely supporting a theory, may see this over and over again in several persons, or several times in the same person, without ever finding a vesicle. I attended a gentleman for this complaint who was a good deal alarmed about it, as an intimate friend of his had been quite a martyr to ekzema; for eighteen months the patient seldom passed any great length of time without an outbreak on the face, yet on no occasion could either he or I detect a single vesicle.

Pustular Origin of Ekzema.—Mr. Erasmus Wilson and Dr. M'Call Anderson clearly assign the origin of ekzema to a pustule, but I have never myself seen a true pustule pass into a surface secreting serum. To judge, too, from the way in which some writers speak of ekzema impetiginodes, we must conclude that the pustule is only a stage in the process; that, in fact, the vesicle becomes developed into a pustule and this into a weeping surface, to be afterwards covered with crusts. If I am to decide from what I have been able to make out, no such process takes place, and two or three different stages of cutaneous affections have been confounded together. Ekzema is here, at all events, not vesicular, and vesicles do not become pustular; the fluid in them may become turbid, flaky, and even contain a few pus cells. On the other hand, a genuine pustule never contains serum in its cavity; the secretion is pustular from the time that it is a secretion at all. Ragged, irregular vesicles, however, form alongside of them, grow turbid, flaky, and break as in other cases. One or both of these symptoms—that is to say, either pustules or irregular vesicles—may coexist with true ekzema; but in all the cases I have seen these were complications, not starting-points.

Pustules, I need scarcely say, form in children on the head and face, and are followed by crusts which may be easily confounded with those of ekzema; but, unless I am mistaken, this is a much more manageable complaint, and ought, I think, to

be referred to impetigo. At other times unhealthy bullæ appear in children; these grow rapidly flaky, burst, and are also followed by crusts which bear a resemblance to those of ekzema. But the course of these, too, is different; and I think it would save confusion were all forms of this affection classed with herpes.

Nature of Morbid Process in Ekzema.—The following appears to be the process which ensues in all cases of a truly ekzematous nature. A portion of skin becomes red, inflamed and uneasy, stiff and itching, but rarely swollen, except when the complaint attacks the ear. The cuticle rapidly dies, and is cast off or torn off by scratching. To this succeeds a discharge of serum, which seems to be poured out by the sudoriparous ducts. M. Rayer says "the follicles of the skin" are the parts essentially affected. Under this term he includes, I presume, the sebaceous ducts; but unless my observations have misled me, there is no proof that they are actively concerned in secreting the serum poured out in such cases, although it seems difficult to understand how they can escape being involved to a certain extent. When the process is slower, the falling off of the epidermis is succeeded by a cuticle thicker and coarser in its texture, and gradually assuming the look of a soft scale. For the most part the redness starts from several points, or papulæ, which are sometimes almost as pointed as those of leichen, sometimes not raised above the level of the skin. These may spread very slowly, or they may grow so rapidly as to coalesce within twelve hours. It often happens that a small spot will inflame, and, without becoming either a pustule or a vesicle, will desquamate and secrete a crust which looks very like impetigo; and if the patient be seen in this state it may be taken for such. But it is ekzema; and, though it may pass away and never be known as such, future observation will verify what I state. This variety, too, may be complicated by pustules, and the combination of these two perhaps most frequently constitutes the affection called impetiginoid ekzema, although the term really embraces every form of ekzema complicated by pustules, and they may attend any severe case of ekzema. Again, the serum, instead of being of its ordinary consistence, may be almost purulent in character. In some cases of old standing ekzema the eruption, even at a very early period, particularly when seated on the backs of the hands and wrists, presents the appearance of numerous minute, detached, low elevations of thickened red skin, partly denuded of all covering, and partly covered by discoloured but firmly attached cuticle, and sometimes indented so as to assume a cup-like form. Their appearance at this stage would scarcely show them to

be ekzema, but when torn or rubbed, and often in a short time spontaneously, their character is established by a discharge of serum, though this is seldom abundant; indeed, I believe the appearances just spoken of indicate a declining state of the disease.

In some few inveterate cases I have seen this indented irregular state of the skin so strongly marked on the head and hands that I have been tempted to ask myself whether favus is not a localized form of this affection in a bad constitution, especially as it is possible, by keeping the crusts on a patch of ekzema moist a considerable time, to induce a smell very like that which distinguishes favus. I do not allude to that rare form of the disease which begins with an eruption of pustules, and which I have never seen, but to favus as ordinarily met with. In all the instances where I have been able to trace the progress of the diseased action, it was, though much slower, essentially the same as in ekzema; that is to say, it really consisted of inflammation and redness of the skin and death and removal of the cuticle, followed by the formation of crusts. The reader will say that the presence of the parasite constitutes a distinction so strong that there can only be analogy, there can be no community between the two, no passing of favus into ekzema. But it is admitted that without a peculiar fitness of the soil the parasite cannot flourish at all, and there *is* something peculiar in favus. It is not a mere result of want, darkness, scrofula, dirt, or contagion, even if the latter be a factor, and its value is very doubtful, or of any conjunction of these causes, otherwise it would be common instead of being extremely rare. Then there must be a variety of constitution—a variety which, peculiarly and alone, yields the proper soil for receiving and fertilizing the said parasite, *and this variety may modify an ekzema.*

Divisions of Ekzema.—The question as to what extent ekzema is to be divided and subdivided I leave to others. I should be inclined to admit no divisions except the simple and convenient one of acute and chronic, with the addition of, perhaps, ekzema impetiginodes. Papular and red ekzema are simply different degrees of severity in the same affection; ekzema solare I would reject altogether, as I would any vesicular disease. I venture to suggest, too, that ekzema should be entirely removed from the vesiculæ, and either be made to form an order apart, or, for convenience-sake, be relegated to the order of papulæ. I say for convenience-sake, because it evidently does not always begin as a papule, the starting-point being a form of inflammation of the skin closely allied to impetigo in some cases, to erythema in others, and to

pityriasis in a third set of cases. But I would extend it so as to let it embrace some disorders which are at present otherwise classified.

And first, for reasons now to be mentioned, I think we might include under the head of ekzema an exceedingly obstinate affection attacking the leg, and running into ulceration; a complaint generally seen in persons of middle age and advanced life. On as good grounds as have often been urged for giving a name, this variety might be called ulcerative ekzema; but as I have no wish to introduce any new terms, I shall confine myself to noticing it simply as a variety of ekzema, the variation being, I think, *due solely to its attacking a part peculiarly liable to ulcerate.*

It is attended by all the signs of an acute but local attack of ekzema, and perhaps in no part of the frame is this malady more distressing than when it fixes on the lower part of the leg; the pain, heat, and itching tormenting the patient almost incessantly, especially at night. In very severe cases one or more spots will rapidly pass into ulceration; indeed, this seems the natural termination of the attack, and there is often some mitigation of the symptoms when it has ensued. This ulceration is very refractory, often requiring months to cure, even under the most careful treatment. It is peculiarly this stage which seems to stand so far apart from ekzema, owing to the fact that a large proportion of patients suffering under the complaint are never seen by the surgeon till it has reached this epoch. I have, however, repeatedly traced it from ekzema. In other cases the orifices of the sudoriparous and probably of the sebaceous ducts become so large that they can be easily seen.

It does not in any way follow from all this that ulceration of the leg or ankle is always due to ekzema; many ulcers are free from any complication of this kind, the skin around being never more than merely red and tender, while ekzema may run its course without being complicated by ulcer, but assuredly out of a given number of cases of ulcer complicated by ekzema, a certain proportion begin with the latter complaint; how many I am not prepared to say, but, judging from the entries in the case-book at St. John's, the numbers are pretty evenly balanced. Perhaps, as a rule, it will be found that when the ulcer is seated about either malleolus it is the first in order, and when higher up the leg, especially if it be superficial, that ekzema or erysipelas was the first to appear; but I do not bring this forward in any way as an established fact.

Occasionally a patch of old superficially ulcerated ekzema is seen on the ankle, covered with a crust almost like dried gruel

in colour and appearance, or even like nail or horn. The crust is naturally quite insensible, and not always calculated to reveal the nature of the affection, but if it be removed by macerating it for some time in solution of carbonate of soda, and covering it with oiled silk, the skin beneath is found to be affected with the ulcerative form of ekzema just described, being red or purplish, painful, and superficially ulcerated. These patients are generally in an infirm state of health; most of those I had seen had suffered from bronchitis. The process here is very closely allied to the obstinate purplish discoloration of the lower part of the leg, caused in many cases by ekzema.

In the forty-sixth volume of the Transactions of the Medico-Chirurgical Society Dr. Ogle describes two cases of what is called spurious or sebaceous ichthyosis. The patients were two girls, sisters, and the symptoms consisted of a slow formation of hard crusts, much like what I have described, seated on the lower part of the leg and foot; when these were removed the skin beneath was found to be red, glazed, and disposed to crack. Under the microscope the scales seemed to consist of layers of epithelium, with some round and reddish-coloured solid-looking bodies, along with numbers of old and evidently worn-out epithelial cells. Now, I think, were this affection removed from ichthyosis and added to ekzema or favus, it would be a step in the right direction. It is not ichthyosis, and has nothing in common with it, while it has a very great deal in common with favus. The skin beneath the crusts is found in the same state as when those of old standing ekzema or favus are removed, and the crusts seem to form in the same way; that is to say, a small patch of skin slowly inflames, the cuticle dies, and is thrown off, and a crust is slowly formed. In one case which I examined with great care this seemed to me clearly the process which took place. I have only seen one instance of it in 15,000 cases of cutaneous disease, and in that instance the crusts appeared to form in the way I speak of. The patient here also was a young girl, and the disease was seated on the legs, there being some scores of these spots on each limb, giving them a most singular appearance. It is true the secretion of ekzema, when microscopically examined, is different from what was seen in Dr. Ogle's cases, consisting generally, when hardened into crusts, of layers of albumen or lymph, mixed with a few blood-discs or globules; but this may have been due to the disease having penetrated more deeply into the ducts of the sebaceous glands than ekzema usually does.

In the paper spoken of above I stated my reasons for be-

lieving that both pityriasis and tinea circinata occasionally form starting-points of ekzema. Pityriasis rubra is indeed, so far as I have been able to observe, an undeveloped ekzema, and, along with that rare affection known as red general pityriasis, ought, I think, to be referred to ekzema altogether. But tinea circinata will certainly also pass into ekzema, though under what circumstances of health and constitution this transformation takes place I have been quite unable to determine. Sometimes it is seen in healthy children, or again the very reverse may be met with. In the first instance of this which I ever observed, three children of the same family were placed under my care for impetigo, principally affecting the scalp. The eldest of these children, a boy, and the youngest, a girl, suffered only slightly; the second, a boy, had it in a very severe form. A considerable time afterwards two children came to stay with this family for some little while. They were both suffering from tinea circinata. Whether as a coincidence or a result I know not, but the fact is certain that the other three children were very shortly also affected with ringworm. The younger boy, who had suffered so severely from impetigo, displayed here a similar peculiarity, for one large patch became strictly ekzematous, discharging serum very freely, while no symptom of the kind was seen in either of the others. Yet this boy was far the healthiest and strongest of the three. In another case, in which six young ladies, sisters, were affected with tinea, several of the patches in two of the patients turned to obstinate ekzema; yet there was no perceptible difference of constitution among these girls, nor have subsequent observations thrown any more light upon this point.

Contagiousness of Ekzema.—I presume that the question of whether ekzema is contagious or not has been long ago settled in the negative among dermatologists, and that M. Biett was almost the last author of eminence who gave credence to such a phantasy, but certainly the belief in its contagious nature has not yet quite died out in the profession, and M. Bazin wants us to believe that it may be communicated, not by any property inherent in the disease, but by the irrepressible parasite. Mr. Erasmus Wilson says that in such cases it is simply the fact of the discharge acting as an irritant that has given rise to such a view in these cases. All I can say is that I have never been able to meet with the cases themselves. I have made some scores of experiments, and have never met with a single fact that proved anything like transmission of real ekzema from one person to another, nor have I been able to observe anything which showed that the serous discharge of

ekzema is an irritant. On the contrary, it proved quite innocuous in the trials I made with it. Pieces of lint soaked in the serum were bound on the skin and kept there for twelve hours together without any effect being produced. Again, it was found that, however carefully the skin in the vicinity of an ekzematous patch was defended from the action of the serum, the disorder still continued to spread, just the same as when the serum was allowed to come in contact with it. Long continued contact of an ekzematous surface with a sound skin may bring on some irritation, as any irritant would. I have not seen any cases in which I could satisfy myself that this process really ensued, but I can conceive it to be possible. The discharge from the ekzematous eruption sometimes seen in persons bedridden from rheumatic gout is loaded with crystals of urate of soda, and this may be sufficiently irritating to set up a morbid action, as a very slight cause will bring out ekzema in some persons strongly prone to it; but the reader will see that all this is very different from contagiousness as we understand the term.

What is Ekzema? We have, as yet, nearly everything to learn with respect to the nature of the complaint. We can put together some few scattered observations, and draw the fairest inference they admit of, and that is about all we can do. Ekzema, though very often quite independent of any visible disorder of the health, is certainly to some extent due to impaired nutrition, because patients suffering from it improve under the use of red wines, cod-liver oil, fat meat, and medicines which, judiciously given, increase the appetite and strength and augment the weight, as tonics and purgatives undoubtedly do at times. It is, too, dependent to some extent on the state of the nervous system, for it is incontestable that great anxiety will bring it out in persons disposed to it. Cold dry winds, and great heat, especially if combined with much exposure to light, will both develop it. Contradictory as this may seem, it is not more so than the fact that excessive heat and cold will both bring on blistering of the skin. Chilblain is as essentially a vesicle or bulla as that produced by boiling water, and the irritant action of light is not more mysterious here than in small-pox. Ekzema does not appear to have any essential connection with other diseases often seen in persons suffering from it, such as rheumatism, scrofula, dyspepsia. It is met with in persons who perspire profusely, and again when the skin is extremely dry. With the exception of the local forms, I have not been able to make out that it depends in any way on the nature of the patient's occupation. It is met with in half-starved persons, and in the overfed. Dr. Smith,

of the Sheffield Public Hospital, considers that in ekzema there is probably deficient renal secretion, in consequence of which urea and other waste products accumulate. In proof of this he adduces the facts:—1. That the urine of inveterate ekzema contains indican in pathological quantities. Indican is a very complex product, easily resolved into leucine, indigo, glucine, &c., and its presence is supposed to prove that the natural transition from the more complex to the more simple of the products of secretion and function is going on more slowly than natural. 2. That observation shows there is a very deficient secretion of urea and the chlorides in persons suffering from ekzema. In three cases of the urine of persons suffering under ekzema, it showed in one case 22 grammes of urea in 1,200 cc. of urine; in another 15 grammes in 1,000 cc.; and in a third 22 grammes of urea in 1,200 cc. The serum of the blood of one of these patients yielded urea in considerable quantity. The urine in inveterate ekzema, Dr. Smith says, is what may be called a constant quantity. It is either colourless or a rich cider colour, with a specific gravity about 1·017 to 1·022. It is acid, and remains so for many days, with, in well-marked cases, a peculiar odour, like that of cider. We have therefore little or nothing to warrant us in going further than saying that ekzema is a disorder of the secreting surface and nervous structures of the derma, and that as disorder means exaggeration of some part of a function or functions, so we find here excessive secretions, formation of defective cuticle, and defective secretion, with extremely heightened tactile sensation.

Prognosis.—The prognosis of ekzema may, in a large majority of cases, be set down at once as favourable. When of great extent in delicate infants it may prove fatal, especially if not carefully managed. Ekzema of the leg, especially in elderly persons, is very obstinate. Red general pityriasis has generally been thought very serious, and so it very likely is in some cases, but my observations upon it have as yet been too few to enable me to draw any general conclusion. There is an old woman who occasionally attends now at St. John's Hospital, and who was cured of it quite four years ago, though it was difficult to imagine how any person could have it in a worse form. All other cases may, I believe, be cured, though it is essentially obstinate.

Supposed Danger of Curing Ekzema.—Many authors recommend us not to cure ekzema too hastily in certain cases, as in children, when the disease is seated on the head, and when it is of long standing, unless we open a compensating drain in some other part. They go so far as to denounce the

closing of such an efficient outlet for the peccant humours, and startle us with the precautions to be taken before we venture on such a step.

I should be sorry to speak with disrespect of any opinion held by men who rank among the leaders of professional opinion, but, in justice to myself, and in what seems only a fair defence of the doctrines I ventured to put forward years ago, I feel bound to maintain, not only that the doctrine is untenable, but that it ought never to have been put forward; for it is not a question here of an apparently well-founded opinion being overthrown by some unexpected discovery, but of a theory and practice inducing wide-spread misery which a very simple amount of observation would have averted.

The more we examine the subject the more are we struck by the absence of all proof in favour of the theory itself. The experience of Rayer and Alibert has been vaguely alluded to, for a bugbear of this kind generally assumes a form which eludes our grasp the moment we attempt to grapple with it, but the cases are few and irrelevant. Rayer mentions a case given by Alibert in which insanity followed, not the cure, but the disappearance, of the eruption, and cites an instance from his own practice where a long standing ekzema disappeared during an attack of inflammation of the pulmonary and gastric mucous membrane! Dr. McCall Anderson also says that he was attending two children for very severe ekzema covering the greater part of the surface, when one of them was seized with measles, the effect of which was that in two or three days the ekzema had almost disappeared. The eruption on the other child continued to flourish for a few days longer, when she was likewise seized with measles, and in her case too the eruption disappeared.

Possibly other cases may exist. I have, however, not been able to meet with any, and the reader will see at a glance that these only show that ekzema disappears with the development of any internal complaint. *I have not found a single case proving that the cure of ekzema could bring on any internal affection.* Yet this is the induction drawn from such cases as those I have given, and I need scarcely say that it is essentially vicious. To argue that because an internal illness causes an eruption to disappear, therefore curing an eruption can bring on an internal illness is, *mutato nomine* the same thing as to say that as a blister on the chest will relieve bronchitis or pneumonia, so healing a surface blistered for some other affection, may bring on one of these complaints. If the opinion have any definite meaning it means this. In whatever amount of verbiage it may be shrouded, with whatever

weight of authority and experience it may be given to the world, the theory, stripped of superfluous matter, reduces itself to the form in which I have put it.

Did the evil go no further than argument it might not be worth while to assail it. The simplest and perhaps best plan would perhaps have been to leave it alone and trust to time for its gradual extinction. But the process would be too slow, and the interest involved too serious for this. Mr. Locke calculated that on an average it takes about a century to extirpate an error; in medicine he might have perhaps allowed a rather longer period; and when all the great aggregate of suffering that must result from putting such a doctrine in force, and refusing, from a dread of a perfectly chimerical danger, to cure a disgusting and distressing complaint, the case passes out of the region of mere abstract discussion.

I challenge those gentlemen who tell us that it is dangerous to arrest the ekzematous discharge to produce a single instance in support of their views. Surely there can be no difficulty in their doing so. If serious results had ever followed such a practice, the records of those who have studied skin diseases would long before this have yielded some few cases. In England alone, if we were to estimate the number of cases of ekzema yearly at half a million, we should, I suspect, be considerably under the mark; yet where is there a single history which in the least proves the fear of checking ekzema to have any foundation? Men are fond of quoting Hebra, and he has well earned the distinction, for honesty and genius stand revealed in every page he has written. His practice ought to furnish us with plenty of fatal results from the suppression of old standing ekzema, as he not only cures the complaint out of hand, but utterly scouts internal means in nearly all cases. Yet Hebra tells us that *he never saw disorder of any kind arise from arrest of ekzema! He asserts, too, that all his experience never yielded him a single instance of ophthalmia, disorder of the digestion, or any serious affection relieved by ekzema!* I will venture to go further and predict that such cases never will be found, for the simple reason that they never happen!

Besides, it may really be stated, without in any way qualifying the assertion, that it is not possible to check ekzema except by such means as improve the health, and thus directly lessen the tendency to any disease. If by repelling the eruption he meant causing the discharge to cease suddenly by some astringent local application, I can only say that *I am totally unacquainted with any agent possessed of the power to produce such an effect. It must be immensely difficult, if not impossible,*

to effect such a purpose. I have in my own person made more attempts than I care to mention, in order to check the discharge of serum; I have used for this object, solution of carbonate of soda, dilute sulphuric acid, strong solution of sulphate of zinc, nitric acid, chromic acid, nitrate of silver, and nitrate of mercury, collodion, pressure, &c., but in no one instance did I succeed in procuring more than a short respite from the nuisance. Indeed, the influence of remedies in this respect seemed to me only too limited. As to the power of medicines to effect such an extraordinary process as transplanting ekzema from the skin and transmuting it into an affection of the brain, lungs, or bowels, I can only say that I should be glad to be made acquainted with the remedies themselves. Till then, I must take the liberty of saying that I consider such attributes purely imaginary.

Further, it may be asserted that if a surgeon were so reckless as to try and remove ekzema at the risk of setting up an internal affection of this kind, he would certainly fail; for ordinary remedies and ordinary doses clearly produce no such effects, and extraordinary ones would be speedily followed by such fatality as would cause them to be discontinued. Besides, it is quite certain that the medicines which do most good in ekzema, effect this only when given in such a way, and in such doses, as to improve the health. Medicines—such as purgatives, diuretics, mercury—are continually taken to such an extent as to set up considerable irritation in the stomach and bowels. I have noted down a good many cases where this had happened, but the excessive action set up was never attended by a corresponding amount of influence on the ekzema.

Perhaps the reader will say, as men certainly have said, "But there are cases where ekzema acts as a safety-valve; it is a salutary effort of nature, and ought not to be interfered with; you don't follow these cases up, and, for anything you know, the most serious results may follow."

To all this it may be replied that the discharge is not salutary, but morbid, and would appear so to any one whose judgment was purged from the grossness of humoral theories. It always disappears so soon as the patient gets quite well; it never exists when a patient is really in perfect health. The more discharge there is, the lower and more exhausted does the patient feel. An outbreak of ekzema does not in any way relieve a morbid discharge, nor does the establishment of a morbid discharge, by means of a blister, seton, &c., in any degree relieve the ekzema.

For years past I have, in every instance, done my best to

check the discharge of ekzema as quickly as possible. During that period, about 5,000 cases have passed under my notice, and, as I have never seen or heard of any injurious results, I can only conclude that treatment cannot produce such an effect as internal disorder by ekzema. *Properly employed, treatment is either innocuous or beneficial.* I can scarcely help thinking that, in such a large number of instances, if injurious results had been at all common, I must have heard something of them. On the other hand, it is quite certain that a number of patients cured of profuse discharge, often of years'-long duration, are at the present time not only well, but all the better for being freed from such a disgusting nuisance. I laid before the Medico-Chirurgical Society the particulars of a case where the discharge from an ekzema covering the leg from the calf to the sole of the foot was so profuse, that the patient, an old man in shattered health, said that often, after a day's work, he returned home with his shoe half full of water. This state of things had gone on for three years, and yet the speedy removal of it, so far from bringing on any internal affection, was followed by a decided improvement in the patient's health. This old man was very well known in the part of the City where he resided, near London Bridge, and some years after was certainly quite as well as he had been previous to having the ekzema. At the same time another instance was quoted, where a case of long-standing ekzema of the ham was cured, and four years after the patient was in excellent health. This man, too, could have been easily identified, being a signalman on the Great Eastern Railway. I could easily add to the list, were I not afraid of making this paper —already too long—still longer.

No doubt if a patient suffering under ekzema be attacked by some malady assailing the surface of the skin and the internal organization at the same time, as one of the exanthemata, for instance, it will be suspended, or perhaps removed, as would many other complaints, such as gonorrhœa; but I presume it would scarcely be considered the proceeding of a rational being to leave a gonorrhœa to take its own course, lest the removal of it might cause the development of some internal malady.

In all the cases I have seen where ekzema was complicated by an internal disorder such as bronchitis, an exacerbation of this, so far from relieving the ekzema, either had no effect, or made it worse; while in no case did the increased discharge, when the ekzema was worse in any way, mitigate the internal affection. A poor weaver suffering from ekzema of the leg came under my care. The disease of the skin was cured, and

the patient remained well till an attack of bronchitis at the beginning of the ensuing winter prostrated him. In a very short time the ekzema returned as bad as before, but without in the least relieving the bronchitis. A few years ago an old man of the name of Kimberley came under my care for ekzema of the leg. He was cured, and after an interval of quite four years, he again applied with the same complaint in both legs. I questioned him closely, and learned that he had fallen into bad health; that then the ekzema came on, and that the worse it grew, the worse he became in other respects—a statement quite borne out by the results of treatment, for the ekzema disappeared as he improved in health. A poor woman was recently in attendance at St. John's Hospital who had been four times the subject of a bad attack of bronchitis; each time she was prostrated in this way, an old ekzema of the ankle relapsed and passed into a state of ulceration.

I could have added many more cases, but I now no longer note them down, as I have found no evidence on the other side of the question, and to heap together facts merely to swell the bulk of testimony, without adding to its real value, seems to me sheer waste of time. My experience is *that if two or three cases will not induce men to reopen a question, two or three hundred will not.* I shall therefore content myself with adducing the evidence of M. Rayer, an observer who supports the view I have endeavoured to combat respecting the connection between the healing of an internal complaint and the cure of ekzema. M. Rayer, then, says * that he treated a patient for gastro-enteritis who had already been previously suffering from ekzema, and that, *during all the time the gastro-intestinal inflammation lasted, the ekzema was worse.* Again he says,† of another patient, "the appetite fell off remarkably (a certain sign that the health was not so good as formerly, an occurrence which was followed by a notable exacerbation of the ekzematous affection."

I think, then, we may conclude that the fear of curing ekzema, of however long standing it may be, and however delicate the health of the patient, *is not warranted by either proof or analogy;* that no known agent possesses the power of repelling ekzema; that we can cure it only by means which improve the health at the same time; and that it is as justifiable to arrest its discharge as that of diarrhœa or cholera. All that has been said of ekzema may be said of ulcer; there is no danger in healing it up, no bad symptoms ever followed from

* "Treatise on Diseases of the Skin," translated by Willis, second edition, 1835, p. 316. † Ibid, p. 322.

doing so. Those reported to have occurred, were the offspring of prejudice or faulty observation, and offer only a too-painful comment on the mode in which surgery has often been studied and taught.

REVIEWS.

The Neuroses of the Skin: their Pathology and Treatment. By Howard F. Damon, A.M., M.D. Philadelphia. 1868. Pp. 114.

DR. DAMON announces himself as a disciple of Brown-Séquard, who for thirty years has pursued the study of the nervous system in its application to medicine. To him the author dedicates his book, which is intended to represent the adaptation of the doctrines derived from the nervous system "to the elucidation of several hitherto-unexplained phenomena of cutaneous pathology."

Contemplating the neurotic affections of the skin as a group by themselves, the author is led onwards to consider in what manner the rest of cutaneous diseases might be grouped, so as to give the neurotic affections an independent niche in the general framework of classification, and he selects as his basis the four physiological conditions represented by the terms—*sensibility*, *secretion*, *nutrition*, and *structure*—and upon this foundation he constructs what he believes to be "a *new* system of classification of skin-diseases, based upon anatomical, physiological, and pathological data." And in accordance with these views he arranges all diseases of the skin, excepting dermatosyphilis, into four classes, namely:—1. Neuroses of the skin; 2. Functional diseases of the cutaneous glands; 3. Inflammations of the skin; and, 4. Structural lesions of the skin.

"Quot homines, tot sententiæ," is an aphorism that is as old as the hills, and every man who takes up the investigation of an old subject, and that subject one that embraces a variety of considerations, is at perfect liberty to divide it in whatever way he may please—in whatever way may seem to him the best for its elucidation. So we cannot object to the division of the subject made by Dr. Damon, and have simply to reply

to his suggestion, with all the courtesy we can command, By all means, sir; pray consider yourself at home, and pray cut up your cake in any way you choose; but we do object to your assumption of any novelty in your arrangement, and we question your right to pick in pieces the classification of an able and original investigator such as Hebra. When the classification of Damon shall be a recognized fact, it will stand by itself and need no prop; but, until it be a recognized fact, it would be modest to put it forth, as it simply is, as an arrangement convenient to the author, and one which he proposes to make the foundation of future labours. It is apparently unknown to him that diseases of the skin have already been classified by an eminent writer, namely, by Rayer, into—inflammatory affections, non-inflammatory affections, diseases of secreting functions, neuroses, faulty structure, and degenerations.

In these days of fast living and fast driving, very little time is given for contemplation, for research, for the study of the great men who have gone before. There would seem to prevail a tendency, on the part of the rising young men of the day, to consider themselves as the little great of their own immediate circle, to exult in their own apparent discoveries, to undervalue all but themselves, to catch at the tinsel, the sensational, the astounding, and to despise the conscientious, the laborious, and the sterling. Theory, not experience, is the attractive feature of their worship. Next, they must pull down, they must tear to pieces, they must revile their fellow-labourers—for how else can their own frail constructions exist—how else can they obtain the false laurels to which their blind ambition points? We say all this more in sorrow than in anger, for we hope that a brighter, a truer, day, is not far distant, and will open upon us before very long. An anonymous critic in a contemporary journal affords us a striking illustration of our strictures; for, after a general depreciation of all those vagabonds who deal in the same wares as himself, he goes on to say, with amusing gravity: My way of looking at diseases of the skin is this. I recognize the lesions comprehended under the terms vesicula, pustula, squama, &c. I then admit those forms of disease so admirably portrayed by Willan, and which are simply a variety in the combination and in the succession of those lesions; and then, divinest thought of all, I seek to trace out the constitutional relations of these diseases. The poor gentleman seems to be unaware that he has borrowed his mode of operations from the commonest text-books of the day, and that what he considers to be new, has been the beaten track of every student of the subject who has ever entered upon the same arena.

We are somewhat disappointed, after the introduction of Brown-Séquard's name in the dedication of Dr. Damon's book, to find almost nothing in the shape of novelty in the treatment of the subject, and that the title of "Neuroses of the Skin" has no other signification than the grouping together of a small number of diseases—the neurotic characters of which have always been appreciated—and their subsequent consideration, as in any other volume devoted to dermal pathology. Thus we find the diseases treated of by our author to be hyperæsthesia and anæsthesia; the former embracing dermalgia—or, more correctly, dermatalgia—prurigo, urticaria, and zoster. Neuroses of the skin, he informs us, are of two kinds, such as are due to a peculiar condition of the sensitive nerves, and such as result from a state of the vaso-motor nerves. Of the latter kind he observes:—

> Prolonged contraction of the blood-vessels, in consequence of irritation of the vaso-motor nerves, is the cause of some of those gangrenous conditions of the skin which would otherwise be without explanation. Paralysis of these nerves gives rise to vascular engorgements and hypertrophies of the skin. Temporary spasm of the blood-vessels of the cutis, from excessive irritation of the vaso-motor nerves, causes the wheals in urticaria to become bloodless; while paralysis of these nerves produces the opposite effect. The sensitive nerves, in this disease, are in a state of hyperæsthesia. The origin of these pathological conditions must be sought in the irritation of some distant organ of the system, and its action upon the nervous centres, of which these are only the reflex phenomena. The condition of the mucous membrane of the intestines will often afford a sufficient explanation for the occurrence of these reflex phenomena.

Sensation and motion and function have always been recognized as depending on the influence of the nervous system; and, practically, modern discovery has given us very little, if indeed any help. It is true that we distinguish the aberrations of functions of the sensitive system, the motor system and the sensation and motion belonging to the organic system, but the practical result is simply that the nervous system must be regarded in the selection and administration of our remedies, and we should undoubtedly arrive at a similar conclusion without the possession of any knowledge of the nervous system whatever. Again, it is evident that, in every affection of the skin, the nervous system must participate, and therefore any special selection of individual diseases to represent the nervous system must be, to a considerable extent, arbitrary. A plus, or minus, or aberration of sensation, that is, hyperæsthesia, anæsthesia, and dysæsthesia, are of a necessity neurotic; dysæsthesia, in the form of pruritus

with a cutaneous lesion, constituting prurigo, is essentially neurotic. A similar admission may be made in the instance of herpes, although the latter eruption is only exceptionally associated with neuralgia. Some of the most striking of the symptoms of urticaria have a decidedly neurotic character; where, then, shall we stop—where shall we draw the line—in our review of the neurotic affections? Ekzema is often as decidedly neurotic as urticaria, or even prurigo, but we regard the neurosis of ekzema as a symptom only, and the denomination of a class is at once degraded to the rank of a symptom. Our author will see, by these observations, our objection to consider the neurotic affections otherwise than as a group, and as a very important group; just as upon the same principle we should make a vascular group, or a fibrous tissue group, and so on. In fact, no classification of objects can be exact, excepting as a type, where inter-ramification is recognized to exist in every direction and in every degree.

The aims of our author are evidently those of precision of diagnosis, to distinguish between that which has its origin in the nerve substance and that which is due to nutrition, to secretion, and to structure; and there can be no question that the science of dermatology cannot but be benefited by every investigation which tends to enlarge the field of real knowledge in whatever direction it may be pursued. And for this very reason we venture to demur to the terminology which Dr. Damon has adopted, and to maintain that a precise nomenclature is as necessary to the perfection of our science as exactitude in every other of its numerous details. The term hyperæsthesia signifies excessive sensibility, but the author includes under this term dermatalgia, or painful skin. Now, hyperæsthesia may be present without pain, that is, cutaneous neuralgia, and *vice versâ;* and therefore, the commonly received distinction between hyperæsthesia and dysæsthesia ought to be preserved, and dermatalgia should be placed under the latter head. Again, we find him adopting the word zoster as a generic term, in lieu of the herpes of Willan; but a terminology of this kind would be barbarous in the extreme, since herpes zoster signifies nothing more than a variety of the disease (herpes intercostalis) occurring in the region of the waist, and calling to mind a zoster, or belt. No amount of authority could make such a nomenclature correct, nor render it classical—conditions which never fail to be recognized by the medical philosopher,—nor can any sufficient reason be given for changing an already-established term for one which cannot be regarded otherwise than as a pseudonym.

Looking to Dr. Damon's work for an evidence of the amount

and kind of knowledge which is possessed with regard to the phenomena of the neurotic affections of the skin, we discover, in place of a perfect picture displaying both the skill and the labour of the artist, nothing more than an outline sketch, to the completion of which labour and careful observation in abundance are still necessary. Dermatalgia, he tells us, "appears to be of two distinct kinds," hysteric and rheumatic; the hysteric form is "usually confined to the left side," and may be extensive, while at other times it may be distributed in small areæ constituting "veritable neuralgic spots." The hysterical phenomena sometimes act by producing spinal irritation; at other times the dermatalgia, when general and severe, "has been regarded as one of the indications of commencing myelitis, or of inflammation of the membranes of the spinal cord." Rheumatic dermatalgia is sometimes confined to a limited portion of the skin; it often results from the influence of cold and moisture, is more frequent on the hairy regions of the body than elsewhere, may be fixed or intermittent in its character, and has its seat in the nervous papillæ of the skin. Whether or not there exists any inflammation of the nervous filaments, "is a difficult problem to solve." In his treatment of dermatalgia, Dr. Damon prescribes externally—heat, warm drinks, sometimes a blister, or ammonia-liniment—and when the pain occupies a spot of small extent, either a belladonna plaster or an ointment of belladonna. Internally, he prefers the valerianate of zinc or ammonia, and as a sedative, the bromide of potassium. Valerianate of zinc he prescribes in one-grain doses, three times a day, in combination with a grain and a half of extract of hyoscyamus. The valerianate of ammonia he administers with sweetened water in doses of three to eight grains; and the bromide of potassium, for sleeplessness, in half-drachm or drachm doses, with diluted syrup of ginger. Where there is asthenia, he prefers ammonia to zinc, and where the bromide of potassium fails in producing sleep, he has recourse to morphia, either the sulphate or acetate, in a quarter of a grain dose, repeated in an hour if necessary. Subcutaneous injection of morphia he regards as "one of the most effectual methods of allaying its abnormal sensibility." But the bromide of potassium or ammonium, and the valerianate of zinc and ammonia, are to be preferred to the continued use of opiates in nearly all the cases.

We must commend the care and attention which our author gives to the therapeutical management of the diseases upon which he treats. In reference to prurigo, he observes that the functions of digestion and secretion should be regulated

where they are faulty, and the tone of the system restored, by the aid of appropriate remedies. Amongst the latter, he enumerates nux vomica, strychnia, strychnia in combination with quinine and iron, sulphur, colchicum, podophyllin, aconite, the bromides of potassium and ammonium, tincture of cantharides, Mindererus' spirit, sulphate and chloride of iron, chlorate of soda, nitro-muriatic acid, arsenic, and cod-liver oil. "In a large class of cases of pruritus, dermatalgia, and kindred affections, constipation of the bowels is a concomitant and obstinate symptom;" and a remedy suitable for the relief of this symptom is a pill consisting of half a grain of the extract of nux vomica, with one grain each of the extracts of hyoscyamus and gentian, twice or three times in the day. He also speaks favourably of Mr. Milton's recommendation of $\frac{1}{60}$ or $\frac{1}{64}$ of a grain of strychnia every four hours, until a result is obtained, or the medicine disagree, followed by a smart arsenical course. The syrup of the phosphate of iron, quinine, and strychnine, in half-drachm and dram doses, after meals, is often of much service, as, also, is sulphur with calcined magnesia, from two to four grains of the former with ten grains of calcined magnesia twice in the day. Colchicum is serviceable where gout may be supposed to have a share in the disorder, and podophyllin, where there exists a torpid action of liver; one-third of a grain of podophyllin, with one grain of extract of belladonna, may be given every night, or the pill suggested by Dr. Read, of Boston, consisting of half a grain of podophyllin, two grains of leptandrin, a quarter of a grain of capsicum, and three-quarters of a grain of the extract of cannabis indica—this to be given twice in the day, in the first instance, and afterwards only at night. Where much nervous irritability prevails, aconite may be resorted to,—a pill containing $\frac{3}{8}$ of a grain of the extract with one grain and a half of extract of taraxacum, may be given twice in the day, or the dose may be doubled; or $\frac{3}{4}$ of a minim of the tincture of aconite may be administered three or four times in the day, as in a formula prescribed by Dr. Durkee, as follows: Tincturæ aconiti ʒj.; Liquoris ammoniæ acetatis ʒviij.; Syrupi lobeliæ inflatæ ʒij. The dose of this mixture is one drachm in a wineglassful of water, three or four times a day. As sedatives, the author relies upon the bromides of potassium and ammonium, and remarks that opiates very frequently excite pruriginous sensations in the skin. The liquor ammoniæ acetatis is a very useful nerve stimulant, and especially in combination with other remedies, as in the following formula prescribed by Dr. Durkee:—Liquoris ammoniæ acetatis ʒiij.; Tincturæ cantharidis ʒss.; Mucilaginis acaciæ ʒij.; Tincturæ

aurantii, Syrupi simplicis āā ʒj.; a drachm for a dose, three or four times a day; the equivalent of four minims of tincture of cantharides. In anæmia and debility, we may have recourse to iron, the sulphate or the hydrochlorate, either alone or in association with sulphate of magnesia or quinine, or the chlorate of soda. The combination of chlorate of soda with the muriated tincture of iron is an excellent one; and the following formula, by Dr. Sinclair of Boston, is of a strength suitable to the administration of one drachm in half a wine-glassful of water after meals:—Sodæ chloratis ʒj.; Tincturæ ferri perchloridi ʒvij.; Syrupi simplicis, Aquæ, āā ʒiss. The nitro-hydrochloric acid in doses of five minims three times a day, either alone or in conjunction with infusion of quassia, is sometimes of great service, as also are—Fowler's solution of arsenic and cod-liver oil. For the latter, Dr. Damon gives us the following formula as least objectionable in point of taste, or as generally acceptable to the stomach, namely:—Olei morrhuæ, Spiritûs hordei, āā ʒij.; Spiritûs lavandulæ compositi ʒss. The ingredients should be thoroughly shaken together, and the dose should be a tablespoonful.

As the remedies applicable to the local treatment of prurigo, Dr. Damon enumerates *baths*, for example:—emollient, as of bran, gelatine, and linseed; alkaline, containing soda or potash; the nitro-hydrochloric bath; baths of sulphuret of potassium; sea-side bathing, warm and cold; tepid spongings and ablutions with the juniper-tar soap; vapour-baths, and sulphur fumigations. *Lotions* are especially applicable to local forms of the disease, and these may be "emollient, astringent, or anodyne." Solutions of carbonate of soda or potassa, in the proportion of one drachm of the salt to a pint of water, are often extremely useful. For prurigo of the vulva, scrotum, and anus, the perchloride of mercury in emulsion of bitter almonds, with the addition of hydrocyanic acid, is frequently of great service, the strength of the latter being limited to four grains of the mercurial salt and half a drachm of the acid. In aphthæ of the vulva, a borax solution is suitable, containing a drachm to the ounce, with two drachms of glycerine, or a lotion of chlorate of potass, two scruples to the ounce, and with or without glycerine and morphia. The following is a suitable formula:—Potassæ chloratis ʒss.; Glycerini ʒij.; Aquæ ʒiv.; Morphiæ sulphatis gr. iv. For prurigo of the genital region, Dr. Durkee recommends, as being "sometimes perfectly efficacious," one drachm of pyroligneous acid to six ounces of camphor-water; or, a liniment consisting of one ounce of the oleum juniperi pyrolignici, and two each of camphorated oil and glycerine; or the following—Plumbi acetatis

℥j.; Tincturæ opii, Tincturæ aconiti, āā ℥j.; Aquæ ℥xvj. In pruritus vulvæ, induced by morbid secretions from the uterus and vagina, the alcoholic solution of coal-tar is appropriate; or, a carbolic acid lotion containing one part to five or six of water. A lotion of sulphite of soda, two scruples to the ounce, with glycerine, is suitable for a similar purpose; as are lotions of acetic acid, aromatic vinegar, and liquor ammoniæ acetatis. Ointments the author considers to be less useful than lotions, but he enumerates an ointment of the iodide of sulphur with chloroform recommended by Neligan. A few superficial applications of sulphate of copper, or of nitrate of silver, will sometimes allay pruritus vulvæ, and douches, fomentations, and suppositories are sometimes beneficial. In acute urticaria, Dr. Damon recommends the regulation of the functions of the alimentary canal, with the local application of diluted alkaline lotions. And in the chronic forms, effervescent salines and tonics—especially the mineral acids, iron, and quinine. For herpes, his remedies are—the cold compress, a cloth saturated with a solution of sulphate of iron as used for erysipelas, and anodynes; bromide of potassium or ammonium, twenty to thirty grains twice in the day; and, these failing, a quarter of a grain of sulphate of morphia at bedtime; or the subcutaneous injection of a similar quantity of the same salt. Opiates, he observes, are less objectionable in herpes than in prurigo, on account of the brevity of the affection.

In the treatment of anæsthesia and analgesia, he has recourse to local stimulation by means of the ammonia liniment, the sulphur vapour-bath, shampooing, and electricity.

In conclusion, we have to thank our colleague for an able exposition of all that can be said in reference to neurotic affections of the skin, and to repeat what we have said many times before, that science, like landscape-scenery, is the gainer by an examination from every possible point of view; but that we are unwilling to sanction any mode of investigation that should have the effect of invalidating the mutual relations and dependence of the whole. One and indivisible, the motto of the French Republic will, we hope, ever be that of Dermatology.

Lehrbuch der Hautkrankheiten. Von Dr. ISIDOR NEUMANN. Wien: 1869. Braumüller.
Text-Book of Skin Diseases. By Dr. ISIDOR NEUMANN. Vienna: 1869. Reviewed by ALFRED PULLAR, M.B. Pp. 368.

IN recent times our knowledge of cutaneous pathology has been greatly advanced by a series of researches emanating from the Vienna school, and the present systematic work gives us an able summary of the results which have been attained. Dr. Neumann is well qualified to write such a treatise, for he has enjoyed wide opportunities of clinical observation. The work is concisely arranged, and the excellent illustrations accompanying the text render it the more lucid and complete.

In reviewing the literature of the subject, our author traces the progressive steps that have been made towards a scientific knowledge of skin diseases; and he attributes much of that progress to the labours of Hebra, Wertheim, Auspitz, Biesiadeki, and other original workers. Preceding the systematic part of the treatise, Dr. Neumann has introduced a brief but admirable description of the histology of the normal skin. The subject of classification is next discussed, and the author admits the difficulty of framing an accurate system for grouping together the varied forms of cutaneous disease. He adopts Hebra's classification as being correct in principle, although defective in some of its details. There are interesting pathological observations throughout the entire work, which we commend to the attention of our readers; and we allude especially to the microscopical researches appended to the account of each disease. Regarding the formation of the eruption in variola, Dr. Neumann's investigations confirm those of Auspitz and Basch. He remarks that the elevation of the epidermis (during the papular stage) is due, apparently, to the increased thickness of the rete Malpighii, the individual cells of which are larger than those of the neighbouring normal parts, and the nuclei enlarged. The vessels of the corium, as well in the papillary layer as for some extent under it, are distended: on their walls are numerous small roundish cells, and similar cells in the stroma of the papillæ. Microscopic examination of the vesicles and pustules shows a mesh-like fibrous structure below the raised epidermic layer, in the interstices of which the pus-cells are embedded: the septa (Zügen) of this network evidently consist of the compressed spindle-shaped cells of the hypertrophied rete Malpighii. The underlying papillæ appear

broader, and those in the immediate vicinity lengthened: proliferation of cells is observed around the vessels. In reference to the later phenomena of the eruption, the author describes the formation of a new epidermic layer beneath the pustule, the contents of the latter being thus gradually expelled, and drying into a crust under which the rete Malpighii reassumes its normal condition; or, if the suppuration extend deeper, an ulcer results. The pitting in variola is thus explained:—"The umbilicus of the vesicle is a simple depression of the epidermis (primäre Della): when desiccation takes place, the secondary pitting results; the pus which was slowly accumulated in the centre is enclosed (as if by a capsule) by the swollen cells of the periphery. The lateral cells of the rete Malpighii absorb only partially the fluid slowly collected in the centre, the papillary body becomes depressed in the middle, and the epidermis therefore sinks where the support is absent."

According to the recent researches of Erismann, the differential character of variola *hæmorrhagica* is, that the corium around the hair-follicle first becomes the seat of the inflammatory process, which extends deeply, involving (in the later stages) the root-sheath of the hair: there is abundant cell-proliferation around the vessels; and finally, the hair-shaft remains—more or less destroyed—standing in the centre of a purulent cavity (Abscesshöhle). The sebaceous glands are also involved in the suppurative process.

Dr. Neumann thus describes the conjoined phenomena of variola and syphilis:—

> Syphilitic eruptions of the macular, papular, and squamous varieties, disappear during the eruption of small-pox, as in all specific fevers. Syphilitic ulcers become unclean and covered with a thick yellow exudation; around and upon the broad condylomata small-pox pustules accumulate in great numbers. When the variolous process has exhausted itself, the former symptoms of syphilis appear again, but in a milder form, due to the period of time which has elapsed, and during which the syphilitic virus has lost some of its intensity. If, therefore, the influence of variola on syphilis be so small, that of the vaccine matter (a milder virus) will be still less. In addition, we may remark that true small-pox shows a tendency to become confluent on parts where either an acute or chronic inflammatory process exists; as, for instance, ekzema. We also find an accumulation of variolous pustules wherever psoriasis (lepra), scabies, or other chronic skin-diseases exist. Those affected with ichthyosis, prurigo, and such-like, are often freed of those diseases when attacked by small-pox.

The pathological changes of the skin in erysipelas (phlegmonosum) appear to consist in a "cell-infiltration" of the corium and subcutaneous cellular tissue:—

The connective tissue-fibres lose their sharp boundary, become broader and swollen, and, lastly, remain as a homogeneous mass. By the accumulation of masses of exuded cells, an abscess is formed, which occupies the summit of the papilla. At other parts the cellular tissue is saturated with fluid, and the blood-vessels are enlarged. The hair-follicles are also infiltrated with serous fluid, the hairs being thus loosened.

In treating of the etiology of herpes, our author adduces the observations of Bärensprung to show that H. zoster is a disease of the ganglionic system of nerves, originating in an irritation of the spinal root or Gasserian ganglion; and that the peripheral irritation of a nerve which has ganglionic fibres, may also give rise to a circumscribed eruption of herpes vesicles.

As the researches of Biesiadecki have shown, the formation of vesicles and papules in herpes occurs in the same way as in ekzema. If pustules are formed, then the cell elements in the interior of the papilla considerably increase, and are found throughout the entire corium and a part of the subcutaneous cellular tissue; the blood-vessels of the papilla also are widened. In Herpes zoster, Dr. Neumann has observed distinct cell-proliferation around and in the neurilemma of the cutaneous nerves.

The author enters fully into the differential diagnosis of Psoriasis (lepra) vulgaris and P. syphilitica:—in the *first* there is a great mass of scales (Schuppenmenge) of a shining, pearly appearance, loosely attached to the substratum, and, when removed, showing a bleeding corium; in the *second*, the mass of scales is small, of a dirty-whitish colour, closely adherent, and on removal showing a pale-red infiltration of the corium.

In regard to the pathology of psoriasis (lepra), Dr. Neumann concludes that the disease is an inflammatory process affecting the uppermost layer of the corium and papillary body, combined with well-marked cell-proliferation, causing enlargement of the papillæ. He remarks that—

It is not only this enlargement which constitutes the characteristic appearance of psoriasis (lepra), for that occurs in other chronic skin diseases—as ekzema and prurigo; but in these latter, papillary enlargement occurs only after long duration of the disease, whilst in psoriasis (lepra) it is observed at the commencement. The excessive formation of epidermis is, therefore, only a hyperplasia of the cells of the Malpighian layer, accompanied by increased desquamation of the epidermis.

In leichen, according to our author, nearly all the layers of the skin and its appendages are involved in the morbid change:—

The epidermic cells are heaped up on one another, and contain in their interior fine granular masses. Those of the rete Malpighii are aggregated

together, and, in some cases, send long thick processes between the papillæ, and around these latter are observed brown pigmented cells. The papillæ are enlarged, and display in their interior, meshes of elastic fibres, which here, as in the entire corium, occur in greater quantity than in the normal skin. The vessels, large and small, are distended, and in the deeper layer of the corium appear tortuous. Along the course of the vessels are numerous "cell-infiltrations," which fill up completely the vascular papillæ. The outlets of the sudoriparous glands are widened and funnel-shaped; the sebaceous glands are probably destroyed. The most interesting change, however, is observed in the condition of the outer root-sheath of the hair; the nucleated cells (which in the normal state are accumulated around the hair-shaft in greater quantity than at the base of the follicle) are, in this disease, observed in greatest quantity at the base of the hair-follicle, and form there regular conical plug-shaped processes, which, consisting only of cells, give the entire root-sheath the appearance of an aciniform gland. The hair-follicle is enlarged by this accumulation of cells, without offering any other striking pathological change.

Passing now to the consideration of ekzema, Dr. Neumann records his experiments regarding the artificial production of the disease in animals. By the inunction of croton oil on the ears of rabbits, ekzema was induced, the first apparent change being rhythmical contraction of the vessels, followed by permanent stasis; the part which was before transparent became opaque, and after a few hours displayed numerous vesicles. Microscopic examination showed serous infiltration and cell-proliferation. The pathological changes vary according to the duration of the disease: thus, in the case of *acute* ekzema, the follicles, the papillary body, and the superficial layers of the corium are swollen; but this swelling again generally diminishes. In *chronic* ekzema, on the other hand, the skin is considerably thickened, the lines and furrows become deepened, and the papillæ so much enlarged, that they are visible to the naked eye. The longer the duration of the disease, the more marked those changes become; and even in the adipose tissue there is observed cell-proliferation around the capillary vessels.

In prurigo the morbid changes are the following:—

The papules are formed by a circumscribed proliferation of cells in the papillary body, combined with an amorphous exudation, by which the epidermis is raised. The papillæ are enlarged and thickened by dense connective tissue; the outer root-sheath of the hair is much developed, and the hair-shaft shows club-shaped dilatations.

Having thus noticed some of the leading features of Dr. Neumann's work, we need not enter into further details, for our readers may form an adequate idea of its scope and merits from the extracts already quoted. In regard to *therapeutics*,

the author advocates local treatment as especially important; his work, indeed, is an exposition of the well-known methods adopted in the Vienna hospital.

In concluding this review, we have to thank the author for his very interesting and original treatise.

Lupus erythematosus; its Nature and Treatment. By Dr. MORIZ KOHN. Archiv für Dermatologie und Syphilis; abstract communicated by ALFRED PULLAR, M.B. and C.M.

LUPUS erythematosus was described by Hebra in the year 1845 as Seborrhöea congestiva. This disease seems to have come much more frequently under observation of late years than formerly at the clinique of Hebra.

Dr. Kohn thus describes the disease:—"Lupus erythematosus is met with in the form of round or roundish patches, varying in size from that of a farthing to that of the palm of the hand, of which the centre is formed by a smooth, thin, dirty yellowish-brown crust, a dirty white mass of scales, or by a flat depressed cicatrice-like white shining skin, whilst the peripheral circular line forms a rather compact eminence, which is bright-red, and half a line to a line broad, and covered with yellowish-white or dirty-yellow little scales and crusts, and has a punctated or eroded look around the central depressed part, and is sharply marked off from the neighbouring perfectly normal skin." In patches such as those just described we find Lupus erythematosus on the cheeks, on the bridge of the nose; and in form it may suggest the idea of a butterfly, if we consider the spot on the nose to be the body, and those on the cheeks to be the *wings* of the insect.

There may only be the spot on the nose, however, and none on the cheeks. Patches of Lupus erythematosus are found on the tip of the nose, on the eyelids, the pinna of the ear, the lips, the hairy scalp: in this latter situation often in great number and extent, separated or touching each other at several points, and with total loss of the hair in the neighbourhood of the focus of the disease: patches may occupy the palm of the hand and fingers, the neck, the trunk as far down as the mammæ and to the elbows; and lastly the toes are sometimes the seat of the disease. From the waist downwards as far as the toes, we have not observed Lupus erythematosus.

In some cases, we can find parts on which the development of the disease is just commencing, *e. g.* on the neck sometimes, when there are larger patches of Lupus erythematosus on the

hairy scalp. The disease first shows itself in the form of little slightly-elevated patches from the size of a hemp- to that of a lint-seed, of which the centre is flat and depressed, appears paler than the circumference, and looks almost cicatricial, or it (the centre) shows closely-adherent thick little fatty-looking scales, so that the central little disc with its red periphery looks not unlike the scutulum of favus.

As the disease progresses, the red, somewhat elevated periphery spreads outwards, the patch becomes larger, and the central depression, with its cicatrix-like aspect, appears more distinctly; or there remains in the centre, a scaly little disc, which can be easily removed, and then on its under surface we observe thin plug-shaped processes of epidermis, which have extended into the mouths of the enlarged sebaceous follicles.

From the peripheral extension of this small primary patch, larger patches are formed outwards, which, for instance, may occupy the entire cheek, *or* the little single patches are situated together, so as to form a large lupus patch (coalescing at the points of contact), and the peripheral segments unite to form a large circle, or arc of a circle, or, lastly, the small patches become aggregated in irregular masses in patches from the size of a pin's head to that of a lint-seed, without coalescing with one another.

In one very interesting case at Hebra's clinique, we observed the small primary patches in a manner *persist*, i. e. they did not become developed into larger patches, but there appeared repeatedly during three years such patches, in greater number, and more thickly approaching one another, on the face, the hairy scalp, &c., the ears, neck, back, as far as the loins, shoulders, upper arm, breast and mammæ, lips, fingers, palm of the hand, and the toes, without resulting in the formation of a larger patch either from the confluence of several, or the peripheral extension of a single larger patch.

Also, as soon as these primary "efflorescences" of Lupus erythematosus disappeared, *fresh* ones made their appearance; so that during the entire period of observation—more than two years—an astonishing number of such lupus patches were present on the patient.

Although the separate productions of Lupus erythematosus may go through a kind of "retrograde metamorphosis," still at some parts they persist, and the morbid process may last months and years, during which time it occupies a larger or smaller extent of the above-mentioned regions of the body; after the lapse of several years the morbid process spontaneously disappears, but leaving on the affected parts central

smooth cicatrices with a peripheral pigment border, or a totally thinned, dry, and slightly sensitive skin—this remains as a permanent disfigurement.

As regards the *therapeutics* of Lupus erythematosus, Dr. Kohn thinks that most dependence is to be placed on external remedies, although he admits, as the disease very frequently occurs in strumous and chlorotic subjects, that internal remedies suitable to these diatheses may be given with advantage. He is inclined to doubt, however, whether such diatheses as struma, tuberculosis, &c., have much influence on the development of the disease, as it sometimes occurs in well-nourished, strong, and perfectly healthy individuals.

The local treatment he recommends consists in removing the accumulated sebaceous secretion by means of applications of oil and various soaps; the use of "spiritus saponatus kalinûs" (Sapon. viridis ℥ iv.; Sp. vini rect. ℥ ij.; Spirit. lavand. ʒ ij.); liquor potassæ, carbolic acid, and the mineral acids; also sulphur (in powder), solid nitrate of silver, chloride of zinc paste, and the emplastrum mercuriale.

Italian Dermatological Literature. Translated by Marris Wilson, M.D.

A rare and curious case of the Lipomatous Diathesis. By Dr. Broca.

A SEPTUAGENARIAN, relieved of an attack of dyspepsia at Bicêtre, which had existed for several months, had upon his body an innumerable quantity of lipomatous tumours of every dimension.

Forty-five years since he became aware of a tumour as large as a filbert situated about an inch under the right crest of the ilium. The tumour increased in size rapidly, and was removed about five years since. This tumour weighed more than seven pounds. The wound healed quickly. Some five months after the operation, other small superficial tumours arose in various parts of the body; some increased in size, others remained stationary. However, his health continued excellent, although he was attacked with nervous trembling at the age of fifty-five years; but the nervous affection was soon relieved.

The number of tumours that this unfortunate patient had upon his body at the time of his admission to the hospital is incredible. From the statement made by the assistant, who had the patience to count them, there existed upon the head

and neck 480, upon the trunk 965, and upon the extremities 265; in all 2,080. They were more numerous on the anterior than on the posterior aspect of the body. Some were subcutaneous, others cutaneous. The subcutaneous tumours, in number about forty, had the ordinary consistence of lipoma, and their size varied from that of a French bean to that of a hen's egg. The cutaneous tumours, disseminated over the whole body, were, the smallest of the size of a hempseed, the largest scarcely greater than a filbert. Some were pedunculated, and one, situated above a large subcutaneous lipoma, resembled a nipple.

The dysphagia, which had produced considerable emaciation, was accompanied with a weakening of the voice, such as occurs in chronic ulcerative laryngitis. The suspicion, that the difficulty of deglutition arose from the presence of an œsophageal tumour, was dispelled by the ready passage of a sound into the stomach. The patient for some weeks was still able to swallow nourishing fluids, nevertheless he became more and more emaciated; later he found it impossible to swallow liquids, and it was necessary to give him nourishment by means of the œsophageal sound; but this resource was eventually ineffective, and the unfortunate man died in a state of marasmus. It should be noted that, with the advance of the emaciation, the tumours lessened in size, became soft and flaccid, and diminished in number. At the post-mortem examination there was no trace of fat, either in the mesentery or in any of the viscera. The fat of the numerous cutaneous and subcutaneous tumours was nearly all absorbed. Some of them presented a yellow colour; others were grey and reddish. These latter contained only connective tissue, oily particles, and multitudes of fat granules. The yellow tumours included besides many adipose vesicles. In the sheath of the right sternomastoid muscle there was a circumscribed fatty mass, yellow in colour and composed of adipose vesicles. Another tumour was found in the sheath of the carotid artery. In the walls of the right sternomastoid muscle itself was discovered a material resembling cream, of the size of a French bean, which the microscope revealed to consist of adipose globules.

The coats of the œsophagus in the principal part of their extent had undergone fatty degeneration; the muscular fibres at certain points were entirely removed—whence arose the dysphagia. Around the pylorus, for the space of half an inch, was fatty infiltration. There were also fatty deposits in the substance of all the valves of the heart; one in the bicuspid valve being as large as a pea. No auscultation had been

made during life. Some tubercles were met with in the upper part of the lungs. The mucous membrane of the larynx was ulcerated at many points. In the arachnoid cavity, in the ventricles of the brain, and in the sub-arachnoidean spaces, was found an enormous quantity of serum, and the brain was atrophied, but did not otherwise present any lesion.

Editorial Commentary.

ANONYMOUS CRITICISM.

AN ungracious critic, in the April number of the *British and Foreign Medico-Chirurgical Review*, finds fault with us because our Journal "claims to represent English dermatology," and with unchristian spirit informs his readers that but for this fact "he would gladly have passed it by on the other side." We sincerely regret that he did not pass it by on the other side, after the manner of the priest and the Levite of old, as he would thereby have spared us the necessity of speaking of ourselves and defending ourselves against his malevolent and unwarrantable detraction. Our history is so recent, that few in the profession who watch the progress of its literature can be ignorant of our origin and of our labours. It is nearly three years back that we instituted the JOURNAL OF CUTANEOUS MEDICINE, and invited all those who felt an interest in Dermatology to co-operate with us in our undertaking. We opened our pages to every man who chose to contribute his researches, whatever might be his opinions, and however much those opinions might be at variance with our own. Without presuming to consider ourselves representative, we certainly did our best to make our Journal represent the opinions of the medical profession of Great Britain. We had, and have still, but one object in view, the diligent search after TRUTH, and truth alone is the motive which prompted our venture and stimulated our exertions. If therefore our Journal be not representative, the fault cannot be said to lie with us; we have done our best to make it representative, and could, in fact, without the help of others, do no more. But we have reason to believe that our Journal

is really representative, whatever our enemy may choose to say to the contrary. When our first number made its appearance, only one other journal devoted to Dermatology existed in Europe, the *Giornale Italiano delle Malattie Veneree e delle Malattie della Pelle.* Since that period we have had announced to us, in brotherly greeting, by their respective editors, two other European journals, the *Archiv für Dermatologie und Syphilis* of Auspitz and Pick; and the *Annales de Dermatologie et de Syphiligraphie* of Doyon. We have reason to believe that the development of our Journal had some share in inducing our foreign colleagues to take up their pen; and the British journal, if not previously representative, became at once representative in the Dermatological Council of Europe, and felt itself impelled to employ its most strenuous efforts to maintain the character of its nationality for the cultivation of dermatological science. We must confess, therefore, that under these circumstances we consider it to be doubly ungracious on the part of our contemporary that instead of bestowing on us a modicum of encouragement, which we should have accepted with gratitude, he should have employed against us the offensive pen of one of his most acrimonious scribes. We append, in justification of our anger, the paragraph which has offended us; and as that paragraph insinuates blame to another in addition to ourselves, we feel it incumbent on us to state that there has never been any second editor in association with this Journal, and that the name of the sole editor and solely responsible director has been from its first issue recorded on its title-page:—

We have thought it our duty (says our Reviewer) to mention the JOURNAL OF CUTANEOUS MEDICINE, which has now completed its second volume. The duty is by no means a pleasant one; and, were it not that the journal claims to represent English Dermatology, we would gladly have passed it by on the other side. It first appeared under the joint editorship of Mr. Erasmus Wilson and Dr. Tilbury Fox; and we must presume that this arrangement is something more than nominal, though we detect throughout a great deal of Mr. Wilson and very little of Dr. Fox. Far be it from us to forget what is due to Mr. Wilson. At a time when dermatology was neglected, he did a vast deal to claim for it a proper place in medicine, and to support the credit of the English school. He was never a very close thinker, nor ever a clear and simple writer; but he had a genuine enthusiasm for his subject, and gave great pains to the study of it. In the journal we are sorry to see that his virtues are fading, and that his faults are growing. We cannot but trace the hand of the senior editor in a great deal of that kind of *padding* which makes some critics thank their stars they are not expected to read what they review, and which, in a scientific publication to be read by earnest and busy men, is peculiarly exasperating. The perversity of Mr. Wilson's views on the

subject of parasitism, again, is unfortunate, to say the least of it. At a time when microscopics [*sic*] are discovering parasites in every tissue and in every secretion, when their unguarded assertions do really require careful checking, and when the whole question of the development and propagation of germs, this and that way, is full of the most important and interesting difficulties, we look to see these difficulties treated in a very different spirit to that of the JOURNAL OF CUTANEOUS MEDICINE. Not less irritating is the affectation which has perverted the customary spelling of the common names of skin affections. This is very inconvenient, and is even more vexatious to scholars than to ordinary readers. We are not by any means alone in doubting the wisdom of the change in the common spelling of Greek names by real scholars, such as Mr. Grote and Mr. Cox, when writing on very different subjects ; and to drag these questionable novelties into the already rickety nomenclature of medicine, where no such reason exists for the change, seems to us quite undesirable.

But there is a ludicrous as well as a grave aspect to the question. The grave aspect of the case is the facility with which a respectable journal like the *British and Foreign Review* lends itself to injurious attacks upon the character of members of the profession which it assumes to represent. While the ludicrous aspect of the case is exhibited in the peevish pugnacity with which its critic falls foul of every one who comes within his reach. Of authors in general, always excepting himself, he remarks: "A great deal that is written on dermatology at present is, *of course*, of little value, and is published rather for the advantage of the authors than of the public." Hebra in his estimation is a "*mere* dermatologist." Of Tilbury Fox, whom he condescends to pat upon the back, he observes,—"For Dr. Tilbury Fox's book we have a strong liking; we see reason to differ from the author in *many places* and in *many points* of importance." Then he announces that—"other very able writers, such as Dr. Anderson and Mr. Hutchinson, appear to be open to the charge of sapping our orthodoxy without offering us an equivalent in its place—a proceeding which is well known to be horribly immoral. They pull down the house, and they arrange all the stones in a tidy heap in one place, and all the bricks in another; the timbers they carefully collect together —for must not all pieces of wood belong to the same category —and they pile them in an elegant pyramid; the glass and metal-work, again, they place neatly each in its own classification, and when all is arranged they call their friends and their neighbours together."

We think that we have reason, if our vinegar-cruet may be believed, to take umbrage at being neglected in the somewhat general invitation which Dr. M'Call Anderson

and Mr. Hutchinson have given to their "friends and their neighbours," since they omitted to summon us to their gathering; their gathering must naturally have been one of rejoicing, a motive of life that fits us infinitely more genially than our present disagreeable task of nailing a "varmint" to the barn door as a warning to others of a similar class. But we have not yet finished with our certainly amusing scribbler. We had been under the impression that the classification of Hebra was *pathological,* but it appears that we were wrong, for according to our critic, "three kinds of attempts are made to solve the question of classification: the first kind is the effort made to stretch the anatomical classification beyond its limits, and to make it bear more than it will bear: this is Hebra's method. The second kind is the effort made by writers like Hardy and Tilbury Fox, who are compelled of necessity to recognize constitutional causes, but who do so grudgingly, and therefore incoherently." And, as a finale, after recording the incoherence of Hardy and Tilbury Fox, our anonymous detractor would seem to have caught a glance of his own moral physiognomy in the mirror of his mind, for he continues:—"Nothing tends so much to vitiate observation, to vitiate common language and teaching, and to muddle therapeutics, as a confusion of thought and language, which is *always insinuating the wrong and insensibly disguising the right.*" We must confess that we agree with him completely, and regret that this moral reflection did not occur to him earlier, as it might have saved him the labour and the odium of writing an absurd and ridiculous review.

CHAIR OF DERMATOLOGY.

The grave and serious business of life is never so attractive as the showy and the sensational. If, like Asmodeus, we could peep beneath the roof of our hospital institutions, what should we see? The surgical wards, the operating theatre, alive with eager countenances; the physicians' wards scantily attended; the out-patients' room almost neglected. In medicine, therefore, there are degrees of interest, in which the brilliant operation takes the lead; but to how very few, in after-life, is the opportunity given of fulfilling this ambition; and how much of sterling usefulness is passed over in order to gratify an idle and an empty hope. Not many evenings ago an old college friend, casting back upon the recollections of the past, exclaimed, "I could cut down upon an artery with my eyes

shut; I could amputate a finger with my eyes bandaged." Dangerous facility; how many arteries might he needlessly cut, how many fingers wantonly severed in order to gratify such a proclivity of taste. How much more usefully would time be spent in the endeavour to master the *common* diseases of mankind; let us say, an indigestion, a headache, a chronic bronchitis, or an ekzema. But in these latter there is no brilliancy, there is no sensationalism; they constitute the solid ponderous ore, without its gaudy tinsel.

Among the common, nay, the commonest diseases of mankind, are to be enumerated affections of the skin; diseases difficult of diagnosis; difficult of management; obscure in their relations with the rest of the organization, and affording no brilliant effects to attract towards them investigation and study; diseases to be mastered solely by close and careful observation, and by patient attention. And yet their study is worthy of all the industry that can be devoted to their research, and the reward is great in the physiological and pathological beauties which investigation develops, and, more than all, in the comfort and happiness which may be extended to the sufferers from those disagreeable diseases. For reasons such as these, among many others, we are grateful to the Council of the College of Surgeons of England for dignifying by its protection a branch of medicine of great practical importance and public usefulness, which has hitherto existed without an acknowledged home, namely, to Dermatology. By thus identifying Dermatology with the manual branch of medicine, we have reason to hope that its study may be simplified; and such a course of instruction may be offered to the student, whether he be practitioner or alumnus, as shall be easily attained and not less easily applied; a first step, in fact, has already been made to identify Dermatology with general medicine, and the student will learn to discover that its aforegone separation, under the ban of specialism, has been a blunder and a misfortune: the practice required by Dermatology is true surgery as much as the cutting for stone or the enucleation of a tumour; and as much belongs to the department of physic, as the treatment of a pneumonia, a dropsy, or a neurosis.

The chair of Dermatology in the College of Surgeons may be said to be founded; and only awaits the settlement of details to be complete.

DERMATOLOGICAL MUSEUM.

The nucleus of this collection, to which we called attention in our last number (p. 83), is now transferred to the Royal College of Surgeons, where it is anticipated a noble site will be allotted for the display of these beautiful models. We now publish a detailed account of the model No. 15, representing *Fibroma tuberculosum*, described under the name of "Fibromes généralisés," Fibroma universale. This paper was communicated to the Hospital Medical Society by Dr. E. Guibout, Physician to the Saint-Louis Hospital, June 26th, 1868, and is reported in *L'Union Médicale*, vol. vi., 1868, p. 109. The whole surface of the body was nodulated with innumerable tubercles, of various figure and size: some were smooth, even, round, and isolated, movable, ranging in bulk from that of a cherry to that of an almond; others were confluent and of greater extent, and this especially on the head, where they appeared in the form of uneven prominent masses, variable in breadth, in prominence, and in outline; while others, again, were coherent by their circumference, and being arranged in a longitudinal series, gave rise to an appearance of cords or trains, extending upwards from the chest to the face. The extraordinary appearance of these prominences, these patches, these tumours, is admirably rendered by the models, by Baretta; and the case, as reported by the house-surgeon who had charge of the patient, M. Gswender, is as follows:—

Mrs. B., aged 67, a cook, was admitted into the Saint-Louis Hospital on the 29th of May, 1868, under the care of M. Guibout. Both her parents died at the same date: her mother, aged 72, of asphyxia from pleurisy, followed by effusion into the cavity of the chest; her father, aged 76, of an attack of asthma. Of their children, four in number, two died in infancy; a daughter at the age of 68; the remaining child being the patient whose case is under consideration. She is short, has enjoyed good health, and has always been robust, strong, and stout. She married at the age of 32, and has had several healthy children.

In 1840 she fractured the first phalanx of the right thumb: some time after its cure, the thumb swelled and became red and painful. A puncture gave exit to a serous fluid; the wound remained fistulous and suppurated for a considerable time, and finally healed with the aid of a blister applied to the arm.

In 1841, after the healing of the blister, she observed, a

little to the left of the nipple of the right mamma, two small, hard, but painless nodules, each about the size of a cherry-stone, and embedded in the substance of the skin. By degrees other nodules made their appearance around the nipple, and continued to grow until they became adherent by their circumference and gave rise to a hard flat stratum, as dense as wood, schirrhus-like in consistency, and covering the mamma with an immovable shield; and this state of disease was limited to the right breast for twenty-five years.

In 1866—without previous symptoms of any kind, and without pain—a small tubercle made its appearance in the skin covering the lower jaw, and slowly enlarged. The patient had a beard, which she shaved once a fortnight, and in the course of shaving, on one occasion, she wounded the tumour and drew blood; and, consequent on the irritation set up by this injury, the disease made rapid progress.

In May, 1868, when admitted into hospital, she was thin and weak; her face was pale, and the skin, where stretched by the tumours, smooth and shining. Her face, scalp, front of the neck and chest, and her back as low down as the loins, are studded over with prominent tumours, ranging from four to eight millimètres in elevation; the tumours being hard, elastic, and of uniform consistence. The tumours are globular in figure, hemispheroidal, and somewhat flattened, their precise seat being the substance of the corium, and they seem to be covered by a thin layer only of the derma, the latter being thin and smooth, but normal in colour, and injected with minute varicose vessels. On the other hand, some of the tumours occupy the subcutaneous cellular tissue, and are movable under the skin.

The size of the tumours ranges between that of a pea and a walnut; in certain situations several tumours are coherent, and form a nodulated mass; and in others, again, they form a prominent band resembling a cheloid, as in the anterior region of the neck.

The right mamma is, as it were, enclosed in an inelastic case of schirrus-like density. Other tumours are seen around the left nipple; and others, again, in the corium and subcutaneous tissue of the abdomen and in that of the upper and lower limbs; while one tumour, of flat figure and cartilaginous hardness, immovable and indolent, occupies the ulnar side of the forearm.

The tumours give rise to no pain, but are sensitive to pressure between the fingers. They are somewhat itchy, and the itchiness is increased in wet weather, and occasionally is so severe as to occasion violent scratching and a consequent abra-

sion of the surface by the nails. This circumstance explains the presence of little yellow crusts on some of the tumours, and papules of prurigo dispersed here and there.

They appear without pruritus or suffering of any sort. But the patient complains of wandering pains of a rheumatismal character in the lower limbs. The pains are most troublesome in wet weather, and have existed for twenty years; and upon these pains Bazin has founded a diagnosis of "arthritic cancer of the skin." The tumours, however, have always been the same: no tendency to soften in the centre, no tendency to ulcerate. Only lately, since they have become so numerous, the skin is more dry, perspiration has ceased, and the hairs of the beard growing on the pseudo-plasmata have fallen out.

Since her admission into hospital her health has rapidly failed; her appetite is almost gone. On the 10th of June her ankles were œdematous, her breathing having been oppressed for several days previously, and she complained of shooting pains in the lower limbs. During the two following days the left elbow became œdematous, the swelling extending to the hands, while that of the ankles had risen upwards to the knees; her respiration being quick, laboured, and noisy. On the 13th of June the face, in the intervals of the tumours, was puffed, her exhaustion was increasing with loss of sleep. On the following day these symptoms increased, with feverish symptoms, hot skin, quick pulse, and refusal of food; and in a few hours later she died.

Examination after death showed that nearly the whole of the tumours were confined to the skin itself or to the subcutaneous tissue. Near the top of the sternum one small flattened tumour was embedded in the periosteum; another, as hard as fibro-cartilage, was found in the periosteum of the right ulna; and several, lodged in the pericranium, had produced to a slight degree absorption of the surface of the bone. In the substance of the dura mater were about thirteen thickened patches of a similar structure with the tumours, and these by their pressure had occasioned slight absorption of the surface of the bone. In the viscera generally there was nothing especially bearing on the case, excepting in the uterus: this organ was nodulated on the surface, and presented in its substance three fibrous tumours, which were enucleated with facility.

Tested by examination with the microscope, all the tumours were found to be alike in structure, consisting essentially of hypertrophy of the connective tissue, augmentation of fibres of elastic tissue, and increase of connective tissue-cells or cytoblastemata, with the addition of a small quantity of granular

cells. In other words, the tumours were found to be composed of fibrous tissue, and, in fact, were simply fibromata.

The opinions of Bazin and Hillairet are in favour of regarding this case as one of cancer. Hardy and Lailler look upon it as exhibiting a fibroplastic diathesis, bordering upon cancer. But Guibout entertains a different view, and adduces the following arguments:—1. The disease had existed for twenty-eight years. 2. If the case were one of cancer, the form of the cancer must be schirrus, and the history of these tumours is totally unlike that of schirrus; in schirrus the tubercles are angular instead of being round; they adhere to the skin, and produce thinning of its texture; they inflame and they ulcerate; they adhere also to the subcutaneous structures, and become the seat of inflammation there; and they excite a peculiar form of pain which is acute and lancinating. But these symptoms were all absent in the case before us. 3. The tumours in the present case were limited exclusively to the fibrous tissue of the skin, the periosteum, and dura mater; whereas cancer attacks tissues of different nature, and when it occurs as a general affection is more or less extensively distributed through the system. And, on the other hand, viewed in its histological relations, no trace of cancer tissue could be discovered. The tumours before us were evidently fibrous in structure, and exhibit a fibrous diathesis, giving rise to nodosities, tumours, excrescences of a similar nature, originating in and identified with the fibrous structures in which they are found.

M. Guibout concludes his notice of the above case with the following paragraph, extracted from the first volume of *Virchow's Archives* for 1847:—"I found," says Virchow, "dispersed over the greater part of the body of a young man a great number of tumours, ranging in size from that of a pin's head to a pigeon's egg. They offered to the touch the sensation of inelasticity which is peculiar to lipomata; the skin covering them was attenuated, and here and there somewhat reddened. The microscope proved them to be fibrosities or fibromata, composed of a lax tissue, taking its origin in the deep layer of the corium; and they admitted of enucleation like the fibrous tumours of the uterus. The patient remarked that similar tumours had existed in the skin of his grandfather, father, and brothers."

To our view, the case reported by Virchow would seem to have approached more closely to the lax form of fibroma, usually described under the name of molluscum simplex, than to the case described by Guibout.

EFFECTS OF LIGHTNING ON THE ANIMAL ECONOMY.

THROUGH the liberality of the directors of the Polytechnic Institution, and of their managing director, Mr. Pepper, a large assembly of medical men had the opportunity, on Tuesday, May 11th, of listening to a lecture by Dr. Richardson on the effects of lightning on the animal economy, illustrated by experiments with the great induction-coil apparatus of that institution. It was shown that a large spark of twenty-nine inches was composed of two portions—a blue part in which the destroying force of the spark would seem to be concentrated, and a bright flame that spreads upwards from the direct line of transit of the preceding, and represents its combustible action. Dr. Richardson pointed out the extreme difficulty of destroying the life of small animals, such as birds and rabbits, by this powerful spark, and only succeeded in killing the animals by means of a monster battery of Leyden jars. He illustrated the double character of the spark as it occurs in lightning, by the mention of a case in which two men standing near to each other were struck simultaneously by the electric fluid during a storm: one was instantly killed, the other was only stunned—both, however, were more or less burnt.

We are reminded by this example of an instance which we ourselves had the opportunity of observing a few years since. A young woman stood under one of the high trees in Richmond Park during a thunderstorm. A shaft of lightning descended the tree to within a few feet of her head, tearing up a deep rut in the bark of the tree in its course. Attracted by an iron wire in the frame of the young woman's bonnet, the lightning glanced from the tree to her head-dress and followed the wire to beneath her chin. From this point it darted to the steel busk of her stays, and from the latter to the small iron nails in her boots, whence it dispersed itself harmlessly in the ground. She was unconscious for a while, and, upon being removed to her home, it was found that her bosom was much burnt, as was her abdomen below the steel busk, the latter being partially melted at the top. The seat of the burning of the skin corresponded with the break in the conducting medium, and, but for that, she might have escaped without injury. She made a very favourable recovery.

Another case, attended with a curious but perfectly legitimate result, namely, the arrest of nutrition and consequent

loss of hair of the entire body, we transfer from the pages of the *Lombardo-Italian Gazette*. Its details are as follows:—

At Moussy, in the Vosges, on the 1st of June, 1864, at ten o'clock in the morning, a mason, aged 59, while on the mountain, was caught in the rain, and took refuge under a tree, where he was struck by lightning. He immediately became unconscious, and it appeared to him to be at least four hours before he recovered himself. He then found that he had lost the use of his legs, and could not articulate. It was not until after nine days that the paralytic condition ceased.

The electric fluid had come in contact with the back part of his neck, had followed the course of the spine between the shirt and the waistcoat, destroying the shirt, drawers, and the hinder part of the pantaloons. There it divided, ran down the two extremities, and on escaping hurled his shoes to a considerable distance. Soon after the event the mason perceived that all his hair fell off. Eyebrows, eyelashes, beard, hairs of the axilla, chest, and pubes all disappeared, and he became completely hairless, and remains so still.*

While we are writing we perceive that a case somewhat similar to the first of the above-mentioned is recorded in the *American Journal of the Medical Sciences* for April, 1869, the reporter being Dr. William Holton, of New Harmony, Indiana. According to this report, a tree was struck with lightning on the 25th of March, 1868. From the tree the shaft of electric fluid darted through the wall of a shed and lighted on the knot of hair at the back of a woman's head, attracted by the hair-pins with which the knot was fastened; it then passed on to an earring; thence to the busk of her stays; next it flashed along the wires of her crinoline to the steel clasp of her garter, and ultimately burst through the heel of one of her boots. In its course it made a semi-spiral turn, striking the left ear above, reaching the right leg by the intervention of the crinoline wires, and issuing through the heel of her right boot. The break of the current was in each instance accompanied by a burn of the skin; the first of these burns, and the most severe, occurred on the scalp, where the hair was singed; the second occupied the lobe of the ear; the third, the upper part of the chest, which presented a blistered surface three inches in diameter, with a broad erythematous areola beyond; the fourth, which was next ins everity to that of the head, was a foot in length, and extended from the left side of the abdomen to the pubes; the fifth was situated on the patella immediately above the garter-buckle; and the sixth along the leg below the garter-buckle, the intermediate space having escaped.

* *Giornale Italiano delle Malattie veneree e della Pelle*, February, 1869.

Her clothing was a little burnt here and there, and the lower end of the steel busk, and some of the crinoline-wires, partially melted. After the shock, the poor woman, who was sixty-one years of age, and had been suffering previously from indigestion, vertigo, and numbness of her limbs, remained insensible for twenty minutes, uttering an occasional groan. When consciousness returned, she stated that she had felt nothing at the time of the accident; but, on the recovery of her senses, she complained of nausea and oppression about the chest, which were relieved by vomiting. Her skin at this time was cold and clammy from perspiration, and her pulse extremely weak. Subsequently she was attacked with fever, accompanied with delirium, and not until the end of ten weeks was she reported as having recovered her usual strength, the burns being at the same date healed. At this time it is stated that "she is quite cheerful, except when left alone, when she is disposed to sleep too much; a feeling of great lassitude announces to her the approach of a thunderstorm before its coming is perceived by others." The case is one of deep interest, as an illustration of the influence of nervous shock, and its phenomena highly suggestive, for example:—a concussion of the nervous system, the loss of consciousness, the sickness of the stomach, the oppression of the lungs, the prostration of the heart, the reactionary fever, and last, but not least, the morbid sensitiveness of the nervous system to electrical impressions, enduring for a time, and probably for life. Is not this the oft-told tale of many of our fevers?

NATURAL HISTORY OF ELEPHANTIASIS.

A MILITARY officer stationed in Ireland, and having a small family of children, was ordered to Barbadoes. One of the children, a little daughter, was at the time only eight months old, and had been vaccinated in Ireland, where she was born. While in Barbadoes she suffered from fever, and at the age of six went with her parents to Mauritius. After three years of residence in the latter island, it was noticed that the little finger of her left hand became crooked, and soon after the ring finger assumed the same disposition. She was otherwise in good health, and there was nothing in her appearance to suggest the possibility of her being under the influence of

disease; she was gay, lively, and remarkably intelligent. Sixteen months ago she was sent home from the Mauritius, and until the present time has resided in England with a medical relative, being now twelve years and six months old. Nearly four months back she was seized with pain at the inner side of the right foot, close to the ankle; the skin became inflamed, and an abscess formed, which increased rapidly to a considerable size, was opened, and gave exit to more than half a pint of strumous-looking pus. The abscess has hitherto shown no disposition to heal, and has degenerated into a languid ulcer, at the bottom of which the bare bone, the astragalus, is to be felt.

This was the position of affairs when we were called to see the patient. She was tall for her age; her complexion somewhat leaden in hue; her body and limbs emaciated; and her fingers long and attenuated. Our inquiry led us in the first instance to ascertain:—1. The state of coloration of the skin; 2. its state of sensibility; 3. the existence of organic changes in the skin; 4. the existence of organic changes in deeper-seated parts; 5. the presence of pain; and 6. the state of the spinal column and cord. In this order, suggested by the known pathology of the disease, let us report our observation.

1. The face was sallow and leaden in hue, becoming paler towards the root of the neck; the hands were dark brown and bronzed, the colour diminishing upwards in the arms; the same, but of a deeper tint, was the colour of the feet and legs; on the upper arms, and especially on the thighs and hips, there were circular maculæ, from two to three inches in diameter, of a black-brown colour in the centre, and yellow-brown centrifugally, fading in the periphery to a lighter tint, and blending with that of the rest of the skin. It was observed that the melasma increased suddenly in association with the appearance of the abscess of the foot; the symptoms produced by an exacerbation of the disease being usually concurrent.

2. The maculæ were anæsthetic, the want of sensibility being greatest in the centre of their area, where the deepest colour was apparent. The skin between the maculæ retained its normal sensibility. In some parts the anæsthesia was so marked that she could scarcely feel a burn, and a current from the electro-magnetic battery, that would be painful to persons in health, was scarcely appreciated by her.

3. An organic change in the skin was manifested by the dryness, harshness, and thickness of the cuticle of the forearms and legs; the morbid changes being greater in the lower

than in the upper limbs, and upon the discoloured maculæ than elsewhere. In these situations the epidermis was dark-coloured and papulated, and had a tendency to exfoliate. On the fingers the epidermis was thin, smooth, and glossy, suggesting in point of colour the hue of oxidized silver. On the cheeks were several small clusters of incipient tubercles, the latter one to two lines in diameter, and scarcely differing in colour from the surrounding skin. The largest of the tubercles, situated on the upper eyelid, had been regarded as a mole; and those on the cheeks might have been mistaken for pimples of akne or sebaceous tubercles. There were also a few uncoloured tubercles on the arms and legs; the general prominence of the tubercles being about one line.

4. Organic changes in the deeper structures were manifested by muscular paralysis and contraction of the tendons of the little and ring finger of the left hand, with some degree of œdema of the wrist and rest of the dorsum of the hand. As also by the deeply-seated abscess and ulcer, probably of periosteal origin, of the right foot. We were unable to detect any of those enlargements of the nerves, particularly of the ulnar nerve, which are common in this disease.

5. There had been very little manifestation of pain; the pains that were experienced being of the shooting and darting kind, such as are common in neuralgia, and are apt to accompany morbid changes in the nerves.

6. The spinous processes of the vertebral column were prominent the whole length of the spine, chiefly from emaciation. There was tenderness and pain on concussion in the region of the brachial enlargement of the cord, but more decidedly in the lumbar region; and the spine in the latter situation was bent and twisted, as if the bones were undergoing some morbid change.

The objective phenomena of elephantiasis were therefore nearly all present in this case: there were discoloration general and maculated; anæsthesia; papulation, desiccation, and desquamation of cuticle; incipient tubercles; paralysis of muscle; contraction of tendon and fibrous tissue; periosteal inflammation; ulceration; denudation of bone; shooting and darting pains, and tenderness of the spinal cord. The first symptom that attracted the attention of the parents of the patient was the contraction of the little finger three years before; the second the abscess in the foot; the discoloration in the skin was apparent at her first arrival in England, but was attributed to climate. The tubercles had not been noticed in their relations to the constitutional disease until we ourselves remarked upon them.

The insidious origin and progress of elephantiasis is also forcibly illustrated by this case. How was the disease engendered? When did it begin? That it was not engendered by contagion seems to be proved by the fact of the infant being vaccinated in Ireland, and having never come in contact with a leprous person. That it was the result of climate and terrestrial conditions seems certain: the seeds of the disease may have been sown in Bermuda, and fostered into growth in Mauritius, for in both these islands the disease is endemic, and extremely so in the last. We accuse Bermuda, because there the child experienced some kind of fever, and we are unable to divest ourselves of the belief that some kind of organic poison in the shape of malaria is the real cause of elephantiasis. Repeatedly we have found, in tracing back the disease to its apparent origin, that "fever and ague" has stood at its head: this has been the case in instances that have come to us from the West Indies, from South America, and especially from Hindostan; and the experience of the world points to such a cause in preference to contagion, or modifications of diet.

A second case, the twenty-ninth that has presented itself to us for treatment, is that of an Indian military officer forty years old. He went to India in 1847, at the age of twenty, and for the first five or six years enjoyed good health. He was then attacked with "fever and ague," which lasted nearly three years, and subsequently with dysentery; and to recover the effects of these diseases he came to England with a furlough of two years and three months.

Since his return to India he suffered three attacks of dysentery; namely, in March 1865, October 1866, and March 1867. These attacks were not severe, but were chiefly remarkable for the unusual prostration of power which they left behind.

Besides the dysentery, his medical adviser observes that his patient experienced several "slight febrile attacks;" and that these attacks, like those of dysentery, were chiefly remarkable for the extreme debility with which they were accompanied and followed. This was especially noteworthy in the month of November, 1867.

In May, 1866, a spot appeared on the forehead, which was attributed to a tight-fitting hat; and somewhat later other spots showed themselves in the same region. In the December of that year he was attacked with a pruritic rash on the inner side of the thighs, which spread over the whole body, and in November, 1867, the rash was unchanged in appearance, and existed at the date of the report, February, 1868.

While in India no suspicion of the real nature of the disease had occurred, either to the medical man or the patient; but, on the contrary, a different idea was presented to their mind. It would appear that in 1860 he suffered from an excoriation of the glans, which was thought of no importance by his surgeon, and which quickly got well under the most simple treatment. This excoriation was the first and only venereal disease that he had experienced; it got well at once, and was followed by no secondary consequences. Nevertheless the spot on the forehead, which appeared six years afterwards, was attributed to constitutional syphilis. And the pruritic eruption which followed, eight months later, was thought to confirm that diagnosis.

This is one of the consequences of the neglect of the study of cutaneous diseases; for it is an axiom in cutaneous medicine that syphilitic eruptions are never pruritic; and, to the dermopathist, the presence of itching would have carried the conviction that the itchy rash which began in a region, and thence spread over the whole body, could not have been syphilitic. And it may be said that appearances on the skin, which are delayed for six years after a primary venereal affection, should be accepted as syphilis with unusual hesitation. The blotches of elephantiasis undoubtedly resemble those of syphilis; but in a country where leprosy is endemic, the suspicion of elephantiasis should be as active as that of syphilis.

"Early prostration of strength and the slightness of rallying power," is an expression truly applicable to leprosy, but by no means so to syphilis; nevertheless, says the reporter, "I treated him with mercurial vapour baths and Plummer's pills until a slight salivation occurred." He improved under the use of the first few baths, "but the improvement was soon arrested, and from the last days of December, 1866, to the present time, I can see but little change. I then gave him iodide of potassium and sarsaparilla for a month and a half; then, arsenic for about six weeks." Under another physician he took "diluted nitric acid with calumba for sixteen days; bromide of potassium in five-grain doses for three weeks; and Donovan's solution for a considerable time." After this he had administered the green iodide of mercury with guaiacum, and applied externally the green iodide, and also the perchloride of mercury in solution. Subsequently he has resumed the iodide of potassium and sarsaparilla, "but there has been no appreciable advantage from any of them excepting just at first."

Still, with all this resistance of remedies, which it may be safely predicted syphilis would not have resisted, no suspicion appears to have been aroused, and it was not until this

gentleman reached England, invalided for "general debility, asthma," &c., that the truth came to be suspected. He had been treated for syphilis where no syphilis was present, and by means of remedies which, although proper for syphilis, were not only useless, but absolutely injurious to elephantiasis, the existing disease.

In this case, as in the preceding, the difficulty is presented, of knowing *when* the pathogenetic action commenced in the system, and the actual cause of the disease. The first symptom noticed in the young lady was the consequence of paralysis of the ulnar nerve; but no suspicion of the nature of the disease existed at the time, and therefore the state of the skin, both as to coloration and sensibility, is unknown. The first sign that occurred in the instance of the gentleman was the red blotch on the forehead; but a very characteristic symptom of elephantiasis had preceded this external sign; namely, one or more "slight febrile attacks." One of the modes of development of elephantiasis is by the process observed in the exanthematic fevers, namely, a febrile attack, more or less defined, sometimes so slight and transient as to be unobserved, or mistaken as to its significancy; and accompanying, and as it were relieving this febricula, an exanthema, generally in the form of circular maculæ, ranging between half an inch and one inch in diameter.

In the present instances we also see illustrated the progress induced by time. The date of the first symptom in the young lady is four years; and already we have developed maculation, anæsthesia, paralysis, tuberculation, and ulceration, with periosteal affection. The date of the first symptom in the gentleman is little more than two years, and only maculation and anæsthesia are present. But in both a disproportioned debility is present, together with depression of spirits and despondency. In the young lady the tears rise unbidden to the eye; in the adult man there is an expression of dulness and gloomy anticipation.

In continuation of the history of the young lady it may be added that her leg was amputated for the relief of the ulcer. The stump refused to close for a long period; but has subsequently healed. Subsequently to the healing of the stump a tumour, apparently glandular, showed itself in her neck; and at the same time the development of tubercles in the skin has made rapid progress.

Clinical Memoranda.

Dermatosklerosis. — Under the name of sklerosis telæ cellularis et adiposæ, we have called attention to an alteration in the density of the skin and subcutaneous tissue, which we described as a *cellulitis*, and which we thought to be analogous to the "rose" of the West Indies, and to the spargosis, which goes by the name of elephantiasis Arabum. The case to which we especially referred was that of "a lady of thirty, who, after some degree of præcordial suffering, consisting principally in a sense of weight and nausea, was attacked with slight erythema of the face, neck, and shoulders. The redness was inconsiderable, but slightly pruritic; but there existed an uncomfortable feeling of weight, or pressure and stiffness, accompanied with a little swelling and a sense of rigidity, which interfered with the motion of her jaws and neck. We first saw her a few weeks after the commencement of the attack, when the erythema had subsided without desquamation, and when the more striking symptoms of the affection were, paleness and a yellow tinge of the skin, with a sensation to the touch of thickening, solidity and hardness of the subcutaneous cellular and adipose tissue. It was clearly evident that the density of the integument was not due to œdema; and although there was some degree of pitting on pressure, it was the kind of pitting that would be produced by pressure on a skin of lard rather than upon a portion of skin infiltrated with serous fluid. When the hand was pressed upon the skin it left a pale impression, which very slowly recovered its normal colour. The lower border of this altered skin could be distinctly traced with the finger, and gradually merged into the healthy integument."*

For an opportunity of seeing a second case of this form of cellulitis with hypertrophy of the subcutaneous tissue and hardening of the skin, we are indebted to Mr. Butler, of Beeston, in Nottinghamshire. The patient is a lady, aged 47,

* "Diseases of the Skin," sixth edition, p. 389.

presenting in her general appearance every indication of health, and, in his letter introducing her, Mr. Butler observes:— "The lady consulted me early last summer. She was suffering from disordered stomach and liver, from which she gradually recovered; after a few days she called my attention to some peculiar rings on the arm and breast, which came and disappeared almost suddenly; there was also a peculiar rigid state of the skin and subcutaneous tissue of the back of the neck, and also of parts under the chin; also an oblique band of rigid skin, extending from the outside of each arm across the front of the ulnar space, to the inside of the forearm. To-day the rings are more apparent than they have ever been, so I wish her to go to see you while they are so without any delay. She is in good general health, sleeps well, appetite good, and lives a very regular life. She resided for several years (indeed, from childhood till a few years ago) near Sydney; but though she suffered from what they call there prickly heat, she never had any similar attack. She has taken alkalies, arsenic, iodine, steel, and alteratives, without avail."

The history which the patient gives of herself is as follows:— About two years back, in the hot weather, she suffered from rheumatism; and, since that time, has had rheumatismal pains from time to time in her joints and in her hands. She frequently observes a red sediment in her urine; and for the last eighteen months has menstruated irregularly, generally more frequently than proper. About twelve months back (May, 1868) she first noticed the existing complaint in her skin. It was preceded by a feeling of lassitude and by constipation: to these symptoms succeeded an aching feeling in the integument of the arms; then red rings made their appearance; and subsequently there occurred a sensation of burning heat. The affection of the skin extends from the upper part of the neck to the waist. The integument over the whole of this extent of surface is thickened and hard. In some places the thickening feels as if it were composed of masses, and these change their place. In other places the masses are permanent. There is a mass of this kind on the nape of the neck, which interferes with the free movements of the head, and one in front of the bend of each elbow. Then, in addition to the general thickening and induration of the whole integument of the neck, chest, and arms, and to the more solid masses of induration in parts of the integument, there is a hardened band of skin, which crosses the bend of the elbow obliquely, and by its contraction prevents the free extension of the arm. This tightened band is paler than the rest of the skin, and has a yellowish tinge, and resembles very

closely those pale indurated patches of skin which have received the name of morphœa alba. Indeed, it is obvious that a close relationship subsists between the cellulitis, which gives rise to dermatosklerosis and sklerosis telæ cellularis et adiposæ cutis, and that dead-looking appearance of the skin which is termed morphœa.

To summarize the pathological characters of this curious affection, it may be stated that the integument and subcutaneous tissue are thickened and indurated without any alteration of appearance of the skin; that in certain situations the thickening and induration are greater than in others, and interfere with the motions of the part; that in other situations the thickening and hardening are more cutaneous than subcutaneous; that the latter change of structure occurs in bands that have a tendency to contract, and upon extension of the limb become prominent, like rigid cords; and that these cutaneous bands are paler than the adjacent skin. Furthermore, over the whole of the affected surface there is a tendency to the production of erythematous blotches and rings, the blotches and rings having a dull red colour, and the area of the rings being pale and yellowish; both blotches and rings having a tendency to fade, like the wheals of urticaria, which they much resemble excepting in the absence of pruritus.

In looking at the history of this singular case, and bearing in mind other cases of a somewhat analogous character that had formerly fallen under our notice, we came to the conclusion that the disease was of a rheumatismal character; and this diagnosis determined the treatment which we prescribed, namely, a mixture of infusion of roses, Epsom salts, sulphate of quinine, and sulphuric acid internally; and frictions externally, with a chloroform and aconite liniment.

Since the above case was written we find the following in the *Medical Press and Circular* for June 2, 1869, page 456, under the head of Clinical Records from the Adelaide Hospital, Dublin. "There is at present in this hospital, under Dr. Barton's care, a girl, aged nineteen years, who was admitted on the 27th of last April, suffering from the peculiar disease of the skin to which the name of sclerema or scleroderma has been given. This affection, which is but rarely met with, consists in an indurated and brawny condition of the skin, which is hard and inelastic to the touch, and is free from any heat or redness. In this case, the girl had enjoyed good health until a few weeks before her admission to hospital. When she presented herself, the skin of her face, neck, shoulders, the upper part of her back, and of her chest as far down as the upper half of the mammæ, exhibited the diseased

condition, while her right upper extremity was involved as far as the middle of the forearm. No other part of the cutaneous surface was affected. The scarf-skin showed a disposition to peel off, and the tension and hardness of the diseased skin gave the girl's face a peculiar drawn expression. She suffered from darting pains, running from her neck to her shoulders and chest, and being sufficiently considerable at night, when they were worse, to deprive her of rest. She also complained of itchiness, and suffered from occasional attacks of vomiting. She had entered hospital not so much for the skin disease, as for an affection of her throat, which seemed to have some connection with it. She had lost her voice, could only speak in whispers, and complained of pain in swallowing. Examination showed a thickening of the fauces and velum, which were streaky and red, and the laryngoscope revealed a partial closure of the rima glottidis, and thickening of the vocal cords. There was no history of any constitutional disease. She was ordered grain doses of grey powder, with two grains of Dover's powder, three times daily for a few days; and under this treatment she recovered her voice completely. She was then rubbed night and morning over the affected parts with the liniment of mercury, and put upon chlorate of potash and bark. She has now been nearly a month in hospital, and was three weeks affected before admission, and besides having recovered her voice, seems to have derived considerable benefit from the treatment; her skin is less tense, and her features have lost, to a great extent, their drawn look, while the pain has almost entirely disappeared, and she can sleep at night."

These cases are sufficient to show that there are certain peculiar forms of disease of the cutaneous tissues, of a certain degree of rarity, that are still open to investigation. In some of these the subcutaneous areolar tissue participates in the disorder, and is very probably the structure the first to be affected. In others the hardness is limited to the derma, and is accompanied with a tendency to atrophy, which is exhibited by contraction of the skin as well as by hardening. We have at present (June, 1869) under treatment, a man, aged 54, who for two years past has been the subject of an increasing dermatosklerosis of the upper part of the anterior aspect of the chest, and of the hands. The skin of the front of the chest is bound down closely to the ribs and intercostal spaces; the pectorales muscles seem to be obliterated or lost in the dense hard stratum of which the skin consists, and there is a general contraction of the affected integument which tends to draw his shoulders forwards. In appearance there is no other change in the skin than a degree of glossiness, such as would

be occasioned by tension. The hands are hard and stiff, the skin smooth and stretched, consolidated with the muscles, tendons, and bones; and the fingers somewhat bent by the contraction of the skin. There is a sense of hardness and solidity communicated to the touch that suggests the idea of a frozen limb; and the stiffness of the fingers is such as to render his duties of secretary to a society extremely difficult. Several of the fingers towards the tip are white and apparently bloodless, as though the vessels were emptied by pressure of their blood; in other situations there is a livid hue, as if the circulation were very imperfect; the hands are cold; and at the tips of the fingers are small, dry, scaly scabs, apparently the result of a kind of superficial atrophic ulceration, and towards these scaly points the surrounding skin is drawn, producing radiating lines. It is probable that these points may be the commencement of a more decided ulceration, which may one day be troublesome. We remember three cases of a similar kind, in which the contraction of the integument approximated the derma to the tip of the phalanx; gradually a small oozing languid ulceration was produced, and through this, fragments of bony matter were expelled.

We have recorded several examples of this curious affection under the heads of *sklerosis dermatos* and *atrophia cutis*, in our "Diseases of the Skin," sixth edition, pages 389 and 393.

On Local Irritation as a Cause of Cutaneous and Glandular Disease.—In the presence of the modern theory of cell-pathology, the following case may prove interesting to our readers, and probably conduce to further investigation. A delicate boy, æt. 6, of weakly nutritive power, and endowed with an unusually sensitive skin, was bitten on the cheek by a young dog. The bite was not severe, and drew blood at one point only, where the canine tooth abraded the skin. The boy was teasing the dog while the latter was feeding; the dog was healthy, and the bite a mere admonition to the little tyrant to "be quiet." The wound was sucked by the child's father, and afterwards touched with some caustic application, and now remains an angry papule.

A week or ten days after the accident, six small patches of impetigo made their appearance on the cheek around the bite, and within the radius of an inch. By impetigo, in this instance, is meant small oblong patches of red and infiltrated skin, surmounted by vesico-pustules, slowly spreading by their circumference. The largest of these patches measured half an inch long by a quarter of an inch in breadth; and five weeks after the bite, when we first saw the boy, some of the patches were red and smooth, some still bore evidence of their previous

vesico-pustulous condition, and others were coated with the brown crust of a desiccated secretion. Moreover, he had similar impetiginous blotches of more recent development on the buttocks and thighs.

Concurrently with the appearance of the impetigo, or very shortly after, the cervical lymphatic glands at the angle of the jaw began to enlarge, and a submaxillary gland became prominent beneath the chin. Here the mischief appeared to end; we could discover no swelling of the concatenate glands lower in the neck, and believe that they will escape.

One word more in reference to the medical history of our little patient. A year ago he was brought to us suffering under ekzema of the flexures of the elbows and hams. The eruption first appeared at the age of sixteen months, and therefore may be ascribed to dentition as its exciting cause. It got well quickly under the use of Fowler's solution and zinc-ointment, and has not shown itself since, and he has been well up to the period of the accident above referred to. It may be mentioned, also, that his skin is unusually sensitive—a flea will produce considerable irritation of the integument—and his mother is prohibited from using, in his case, liniments and applications that she would employ freely in the other children. We therefore find illustrated, in this little fellow, that which we should call an *ekzematous diathesis*, but what our Parisian colleagues Bazin and Hardy would possibly denominate a *herpetic diathesis*.

It can hardly be questioned that in this case there is evidence of the impetigo being a consequence of the bite, and that the same irritating cause gave rise to the enlargement of the lymphatic glands. The hypertrophy of the glands has now continued for a month, and there is reason to hope that it will subside by degrees. Should such be the fact, the case will resolve itself into one of simple enlargement of lymphatic glands in association with a traumatic irritation of the skin, a not unfrequent combination. But let us suppose that the glands, instead of diminishing in size, should increase, and that others should take up a similar morbid action, the case will then become one of scrofula; and the predisposing elements of scrofula are not far distant: the boy is slightly anæmic, his nervous system is susceptible—even irritable—and his nutritive powers are weak. Should such a consummation occur, and there are many more unlikely, we should have before us a case of scrofula induced by the bite of a dog.

Can we doubt that, if the opportunity were given us of dissecting the tissues involved in the morbid process in this case, we should meet with the granulations, the bands, the retro-

grade regeneration of tissues, so clearly described in the late investigations into the phenomena of the inoculation of foreign matter by the skin or the insertion of foreign substances beneath the integument. And the question arises, may not the irritation caused by the bite of the dog in this instance, instead of being arrested in the lymphatic glands, run on in the course of the lymphatic vessels, and so reach the bronchial glands and the lungs?—in a word, set up the process of altered nutritive function that constitutes tubercle and issues in consumption?

These are reflections that force themselves into our thoughts in the consideration of this kind of affection, that, although local in its origin, has a tendency to spread and to diffuse morbid action in every direction, and they suggest the suspicion that the distinctions between scrofulosis and tuberculosis are not so strongly defined as we are taught to believe, and that a scrofula may, in certain cases, be in reality a localized and aborted tuberculosis.

Eruptive Angeiomata.—The occurrence of angeioma upon the face of young persons during the nutritive period of life is far from uncommon. Frequently are we consulted as to spider-marks (angeioma araneum, nævus araneus) which have existed for a few months only, and whose progress has been accurately observed; but an eruption of angeiomata comes before us on this occasion for the first time. We will narrate the case:—A publican, aged 30, had for some time yielded to the temptations of his calling, and had thereby injured his health, when he was suddenly attacked with epistaxis, and to the epistaxis succeeded copious bleeding from the gums. At the same time, and subsequently, there appeared on the face, the neck, the hands, and the arms, an eruption of red papulæ with a diffused areola. On presenting himself for consultation, there were six of these papular spots on the face, chiefly on one cheek, two on the neck, and three or four upon the hands and forearms. It was evident, on careful examination, that they were angeiomata; the central prominence was vascular, and around this was a plexus of venules spreading out to the breadth of a quarter or half an inch. In one or two of the spots the central prominence was absent, and a plexus alone existed, resulting from angeiektasia, or multiplication and hypertrophy of the venous capillaries of the skin. The case is very rare; a sudden eruption of angeiomata, and its association with hæmorrhage from the mucous membrane of the nose and mouth, very instructive. We are unaware of the conditions of the economy which may tend to the sudden hypertrophy of blood-vessels; but we can easily understand how

such an occurrence, taking place upon the mucous membranes, might lead to serious hæmorrhage; and there is no reason to suppose that the cause of the epistaxis in the instance before us, and the bleeding from the gums, may not have been a sudden hypertrophy of blood-vessels, such as we have just described as appearing upon the skin. And it appears to us that to the well-known hæmorrhagic diathesis as a cause of hæmorrhage, there must also be added a sudden hypertrophy of the blood-vessels and rupture of their coats, as exemplified in the instance before us.

Herpes nasalis. — Herpes, originally and correctly, the expression for a creeping eruption, has now an altered signification, and means an eruption of vesicles of a certain size, each vesicle being developed on an inflamed base. So that, regarded in this light, herpes is made up of two factors, —hyperæmiation and vesiculation; the former precedes the latter, and, under certain circumstances, the latter may fail in being developed, and then we have before us an aborted herpes, a herpes without vesicles. A few patches representing the erythema of herpes, without its vesicles, is no very extraordinary occurrence in conjunction with other patches normally and completely developed. And we have no difficulty in pronouncing such patches to be herpes from the association with which they are linked. We may therefore conclude that a *herpes sine vesiculis* is an established fact. But there are other characters belonging to herpes that must not be overlooked; namely, its premonitory symptoms, its sudden and progressive invasion, its specific course, and in some instances its periodicity. Now, if it be admitted that an eruption may be recognized when mutilated in its members—and of this there can be no question,—a few associated symptoms may be sufficient to determine the presence of a herpes, even when, as regards the whole of its constituents, it is incomplete. Such is the form of herpes to which we now wish to draw attention, an incomplete herpes it is true, but a herpes sufficiently and clearly recognizable in spite of its incompleteness. Let us narrate the case, of which we have seen several examples.

A lady, 28 years of age, was, twelve months back, suddenly attacked with a feeling of heat and tingling at the tip of her nose. A red and slightly tumefied blotch, about one-third of an inch in diameter, made its appearance after the lapse of a few hours at the painful part; there was redness also within the nostril, extending for a very short distance inwards, and an imperfectly defined vesication, from which a little colourless fluid exuded. The lesion was confined to the left side, and

after a course of four days subsided almost as quickly as it came. From that date until the present time, this very trifling but very inconvenient ailment has been repeated every four or six weeks; always occurring on the same side and at the same spot.

Let us repeat the symptoms:—burning heat, tingling, redness with slight swelling, unilateral development, specific course, periodical relapse—we believe that no dermopathist will hesitate to accept these symptoms as characteristic of herpes, even although the vesication was obscure and incomplete. The case we have described is truly a well-marked case; very often the symptoms are not even so well defined as we have portrayed them, and then some hesitation might be felt as to the diagnosis, and the more especially as the ailment is so slight and so trivial. If we compare this form of herpes nasalis with herpes labialis, we shall be struck with the difference of feature which they present; but no more than if we compare the well-known herpes labialis with the equally well-known herpes præputialis or progenitalis.

With regard to the etiology of the present case, our inquiry was not satisfactory. The affection clearly had no connection with menstruation, although so distinctly periodic. The lady had suffered some neuralgic pain of the eyeballs, but the pain was equally the same on both sides. And then she considered herself as subject to catarrh, and had suffered from a succession of attacks of that disease. So that, in default of a better, we were constrained to accept the latter explanation, and to regard the cause as a nerve-irritation, consequent on the debility left by a catarrh, and repeated, as is not infrequent with nervous phenomena, at successive periods, after the exciting cause has long since ceased.

Herpes labialis.—A gentleman had a tender tooth, or rather a loose tooth in a tender socket; it was the second bicuspid of the left side of the upper jaw. On a certain Saturday he had been using his tooth too freely; on that evening he was heated to perspiration by exercise; it was a damp evening, and he afterwards became chilled; at night he had pain in the jaw. The pain lasted the whole night, and was accompanied with swelling of the cheek; on the second night the pain continued, although less severely, but there was more swelling; on the third night the pain and swelling began to abate. On the third day (Wednesday) in the forenoon he had a sensation of slight itching and heat, the usual precursor of herpes, on the skin of the lower lip close to its mucous border, and on the same side of the face as the offending tooth; in the afternoon the slight itching continued with

a feeling of weight, and a small indurated globular mass could be detected by the finger and thumb when the lip was pinched. At night there was a continuation of the heat and weight, with a little tingling and throbbing. On the fourth morning (Thursday) there was external eruption.

It will be observed that the sensations of the offending tooth were under the government of the superior maxillary nerve; the site of the herpes was an appurtenance of the inferior maxillary nerve; the irritation of the gum had therefore been conveyed incidentally to some point of communication between the superior and the inferior nerve, probably the Casserian ganglion, or may-be the root of the fifth nerve; and that from this point of communication the sense of injury was conveyed or reflected through the inferior dental nerve to the lower lip.

Or, shall we suppose the tissues and their nervous sympathies to be the means of conveyance, and the cause of the irritation not incident and reflex, but peripheral and continuous, a peripheral contiguity. There is room for argument on both sides; but for to-day we will content ourselves with the former theory. The only point that we shall press is, that an irritation of the alveolus of the upper jaw causes an inflammation of the lower lip.

Molluscum areolo-fibrosum.—In the first volume of this Journal a case of molluscum simplex or molluscum areolo-fibrosum is narrated by Dr. Anderson, of Jamaica, as occurring in a negro. A similar case, not less instructive, although less strongly marked, has just fallen under our notice, in the instance of a gentleman of forty-two years. He has upon the visible parts of the skin, namely, the face, neck, and back of the hands, a few tegumentary moles; but upon the trunk of the body there are upwards of fifty prominent tumours, ranging in size from that of a pea to a hazel nut and a walnut. Some of the small tumours made their appearance twenty-five years ago; but they have perceptibly increased both in number and size, since an accident which befell him three years back, namely, a fall from the roof of an omnibus. This accident produced insensibility of several days' duration, and no doubt caused serious concussion of the spine: his mental powers have declined subsequently, and at present he walks slowly and with some difficulty. No doubt the nutritive function of the skin was defective previously to the accident, but the defect has since been very greatly aggravated; and his skin presents evidence of being in poor condition and ill-nourished.

Of the tumours, the greater number barely exceed the size of a large pea; there is a good sprinkling of a size as large as

a hazel nut, but only a few of larger bulk. One of the biggest is seated on the buttock; the hollow of the loins bristles with a considerable number, and there are also a few on the scalp. The greater number bear evidence of having commenced their growth immediately around a pore; and a very few present an aggregate character, as though formed by the congregation of several smaller tumours.

In colour they correspond with that of the skin; and in structure are evidently composed of white fibrous tissue; sometimes hard, sometimes soft and spongy. And in some situations the fibrous tissue of the derma has undergone a degeneration and softening, but without hypertrophous enlargement, so that the spots so affected are not prominent, but even with the rest of the skin, and give the idea of cavities when pressed upon by the finger. The white fibrous tissue therefore presents various degrees of alteration, in different tumours; in some hard and dense, from hyperplastic growth; in others soft, from conversion into fibro-areolar tissue; and in others softer still, from a further degree of retrograde metamorphosis. The papillary layer of the derma has in some instances undergone no change, in others it is thin and atrophic.

Neuralgic Ulcer.—Within the last few weeks (July, 1868) we have met with a remarkable form of ulcer, which is new to us, and presents almost an epidemic character, inasmuch as we have seen two similar cases within a short space of time. The first case we shall narrate is that of the wife of a tradesman, æt. 37, the mother of six children, the youngest an infant a year old, whom she is still suckling. A month back, the patient, while taking a bath, discovered a sore pimple on the calf of her left leg; in two or three days the pimple became painful, when she applied a poultice; and at the end of a week it was converted into a superficial ulcer, which is perfectly circular, and has increased to the diameter of an inch and a half. The ulcer is now stationary, and exhibits no disposition to heal; it is superficial, its edges thin and surface uneven and without granulations; the prominent portions of the surface are red and moist, and the hollows filled with a yellowish lymph.

The most remarkable character of the ulcer, however, is its intolerance of dressings of every kind: the most simple ointment, even water-dressing, produces an intense smarting of the sore, but an infinitely more severe and even agonizing pain of the neighbouring parts. The pain is most intense along the tibia, although the ulcer is on the calf, and the pain extends from the knee to the foot; a sudden brush of the

surrounding unaffected skin is as painful as if a raw surface were rudely touched.

This patient has been the subject of neuralgia of the left side of the face from time to time, but she has not been troubled with it for a considerable period; and while the pimple was progressing on her leg, she had a sudden outburst of ekzematous lichen of the left side of the face and neck. The neuralgia and lichen both occupy the same side of the body.

The second case is that of a lady nearly 60 years of age: as in the preceding instance, a sore pimple was the first sign of morbid action. This was developed on the fleshy part of the anterior aspect of the left leg; the tissues around the pimple then became red and dense, leading to the anticipation that a boil would be the result. But, after a while, the cuticle was raised by effusion to the extent of more than an inch in diameter; the base of the blister was purplish, and when the cuticle broke a thin greyish slough was apparent beneath it, the slough being followed by a superficial irritable ulcer precisely like that described in the preceding case. The ulcer was slow of healing, and at the end of five weeks is tardily progressing towards cure, the surrounding skin being roughened by a papular and desquamating ekzema excited by the water-dressing and wet applications employed.

It ought to be needless to remark, but for the sake of avoiding misconception it may be stated, that there was no specific cause in operation in these cases, nor was the predisposing cause interference with the venous circulation caused by varicose veins. They were cases of acute hyperæmia terminating in superficial ulcer, limited to the papillary surface of the corium, languid but intensely sensitive, and accompanied with severe and distressing neuralgic pains. In one case, as we have stated, the cold compress could not be borne; in the other, it was the sole remedy that afforded relief. The best curative application in both instances was the unguentum resinæ spread thinly on cambric.

Leukasmos figuratus et linearis.—The following case illustrates several of the phenomena of aberration of pigment-function of the skin. Its subject is a lady born in India, of European parents; her skin has already so far responded to the climate, that it approaches very nearly the Indian tint; she has the nervous sensibilities of the Indian race, and her nervous sensitiveness has been augmented by puerperality, anxiety, and affliction.

Her age is 32; she has had nine children, and is at present pregnant with the tenth. One of her children was born in Lucknow during the siege of that place, and at her escape she

was for some time immersed in water up to her shoulders. During her affliction at the loss of her first child, six years ago, she perceived a white blotch on the front of the right wrist, and subsequently discovered similar but smaller spots on the dorsal surface of the last phalanges, on one elbow, and on both ankles. We also found, on an examination of her skin, leukasmic striæ on the outer side of the thighs, from the hip to the knee, and also around the convexity of the knee; the striæ are gently curved, are situated about a quarter of an inch apart, and are disposed transversely in relation to the limb.

She was in great dread lest these white spots should be related to leprosy, an alarm not uncommon in India, where leukasmos is frequent; but was greatly comforted by our assurance that there was no connection whatever between those affections. Her skin, she said, had always been sensitive, but the sensitiveness increased during her puerperal condition; that at this time there was some amount of pruritus; that the scratches made to relieve the pruritus became red, and remained so for a considerable length of time, and sometimes ended in becoming pale bleached lines.

The white spots of leukasmos are rarely observed until the pigment of the skin is gone, and until they exist as declared maculæ; but if we had the opportunity of seeing them in their first and incipient stage, we should doubtless find the capillaries in a state of hyperæmia. The pathological steps of their formation we believe to be as follows:—1. A nerve-irritation, as indicated by slight pruritus, and tingling. 2. A nerve-paresis, as evinced by hyperæmia gradually increasing to arrest of function, and in some degree, of sensation. During the state of hyperæmia there is, possibly, a temporary increase of pigment-formation; but very soon a state of nerve-exhaustion is evinced by diminished circulation, arrest of pigment-formation, and lowered sensibility. That degrees of nerve-paresis exist, seems evident from the ordinarily presented characters of the spots, the area perfectly bleached, and the margin of the surrounding skin more deeply tinted than natural: in the area, the nerve-paresis is complete, the trophic function has ceased; in the margin the nerve-paresis is less in degree, only reaching the vasculo-motor function; and in conjunction with this we have an increase instead of a diminution of pigment. Thus, in tracing the degrees of nervous tone from the healthy skin to the centre of the area, we should find, in the first, the proper balance of nervous function; at the border of the normal skin, we should meet with vasculo-motor paresis with augmentation of pigment, and in the area itself, trophic paresis with

arrest of pigment-formation. This view of the pathology of leukasmos is corroborated by the vast increase of pigment present in the areola mammæ of the same patient, as also in the axillæ and in the inguines.

How are we to regard the remarkable pigmentation which takes place in the areola mammæ during pregnancy, that which occurs on the external organs of generation at the adult period, that which is so commonly found in the axillæ and groins, and that which is shown on the skin in hot countries? Do all these phenomena proceed from a similar cause—from hyperæmia consequent on nerve-paresis? We think it not improbable; in the instance of the skin exposed to the heat of the sun or the heat of contact of folds, as in the case of the axillæ, the conditions most favourable to nerve-paresis, namely, overstimulation, are certainly present; and in the instance of the areola and organs of generation, increased growth and development of the associated organs may probably be a cause. We were diverted into this train of thought by observing lately, in one of our patients, a young lady recently pregnant, that whereas the areola had become deeply stained with pigment over the whole of its central part, the prominences produced by the growth of the sebiparous glands at the circumference had retained the original lighter tint of the skin, and had consequently given rise to a curious moniliform pattern around the periphery; and the only seeming explanation why these prominences should retain their whiteness in the midst of a surrounding of a deep brown tint, that occurs to us is, that the superimposed skin sympathized with the sthenic nerve-condition of the sebiparous gland in the progress of active growth, while in the intervening portions of the skin the nerve-condition was asthenic, and had determined a state of hyperæmia and increased pigment-elaboration. We ask our readers to accept this theory for only so much as it is worth, or to reject it if they think proper: to some it may be the starting-point of further thought and possibly of future elucidation.

Myrmekiasmos.—It will hardly be disputed that health is an equipoise of power, and that the function of the nervous system tends as much to control and to regulate that power as it does to give energy and impulse. The skin in health performs all its functions equably, while inequality of function constitutes an abnormal state verging on disease. Suspend for an instant the function of the vaso-motor nerves, and the result will be hyperæmia, the first stage of inflammation. Derangements of nerve-function also influence nutrition as well as circulation and sensibility, and more strikingly at

those periods of life when nutrition is most active. It may be said that at a certain period, say in childhood, the predominant function of the organism is nutrition, and therefore it is that very slight disturbances of nerve-power at that period may give occasion to the most varied forms of abnormal nutrition, sometimes taking the direction of deficient growth, sometimes of exuberant growth. To the latter our attention is called by the instance of warts, which in their pathological nature are an hypertrophy of the papillæ cutis, such hypertrophy being exuberant growth due to unregulated and uncontrolled nerve-power. In this sense we have before us the paradox of hyper-nutrition consequent on a deficiency of power; for if we restore normal power, the excessive growth will immediately cease, and withdraw itself within the regular controlling influence of the nervous system.

Myrmekiasmos sometimes takes on the form of an eruption of considerable extent, for example, on the forehead, the hands, and the wrists; in these cases it is clear that mere local treatment would be almost completely useless; but if we prescribe an internal remedy that is capable of renovating the nerve-power of the affected skin, excessive nutrition will be withdrawn from the papillæ, the papillæ will return to their normal dimensions, and the warts will vanish. Such a remedy we have in arsenic, and it is sometimes truly surprising how rapidly an extensive cluster of warts will disappear under this treatment without any external application whatever. We have pointed out a certain alliance between warts and lepra alphos in the pathological condition of the skin, namely, in the hypertrophous condition of the papillæ: * arsenic is known to be almost specific in its action upon lepra alphos, and in comparing the two forms of disease pathologically we discover a reason why the same remedy is so usefully applicable to both.

The warts which are developed on the hands of schoolboys, and which are sometimes, without any warrantable reason, believed to be contagious, are sufficiently well known, and call for little attention; their sudden disappearance is also a matter of experience. But the warts of adults are less liable to rapid changes, and when they are once produced are apt to become permanent, and sometimes to demand surgical aid. We have had lately under treatment a lady, whose chief talent and amusement was music, and who was deprived of the power of playing on her piano by the growth of a large wart from the tip of the index finger, encroaching on the matrix of the nail.

* Journal of Cutaneous Medicine, vol. ii. page 86.

In the adult, however, warts are most frequently found upon the soles of the feet, as upon the heels, and the cushion covering the heads of the metatarsal bones, or the pulp of the great toe. We have recently removed, with the aid of potassa fusa, a large wart half an inch in breadth from the metatarsal cushion of the sole of the foot, and others of less extent from the pulp of the great toe and from the heel; but one case at present under treatment is so remarkable, that we think it worthy of especial note.

A little boy, H. M., was brought to us in February, 1868, with large warts varying from a quarter to half an inch in diameter, and situated on the pulps of the fingers, on the palm of the hand near the wrist, and in a similar position on the sole of the feet. There were eight of these monster warts on each foot; they occupied nearly all the toes, the metatarsal cushion, and the heel, and from their size and position they deprived him of the power of walking. They were so remarkable in size and appearance, and also in singularity of position, that the family medical attendant was quite at a loss as to their nature, and the various methods of treatment which he had put in practice had been wholly ineffectual. We recommended that the boy should take three minims of Fowler's solution of arsenic, and that the warts should be saturated with a solution of equal parts of potassa fusa and water, until the horny growth was dissolved and the papillæ destroyed by the caustic. We have no doubts as to the result.

Scrofula and Cheloma.—There exists a very large and very important group of diseases that take their origin in aberrations of nutrition, and which have not as yet been subjected to classification. The material, however, is at our hand, and before very long we propose to draw more particular attention to the subject. As one of the steps towards the object in view we will now relate the case of a man aged 34 (W. M., June 13, 1868), who is suffering at the same time from cutaneous scrofula and cheloma. Both these affections are diseases of nutrition, and therefore we can have no reason for surprise that they should occur in the same individual, at the same time, and in the same place. We must not thereby be led to infer that cheloma is scrofulous, nor that scrofula has any other signification than a mere debility of nutrition consequent on organization. Cheloma may exist without the suspicion of a scrofulous constitution; and scrofula, as we know, may pervade the whole system without any complicity with cheloma. Their conjunction is accidental; but they are nevertheless allied in the nature of their source, in the pathological phenomena which call them into existence. Both are the consequences

of defective nutrition; one manifests itself by the production of tissues which are low in the scale of vitality and easily fall into a state of decay (nekrobiosis), producing thickening, ulceration, and atrophy; the other is also a product of a low form of vitality, which generates one of the lower order of tissues, namely, white fibrous tissue, but which tissue undergoes no subsequent changes, is capable of maintaining its integrity, even of growth, and which therefore assumes a permanent character.

Our patient, at the age of 14, had an inflammation of the skin of one hand, which he took to be a chilblain, but which, instead of subsiding as time went on, spread by degrees over the back of the hand; and two years afterwards a similar disease affected the opposite hand. It was accompanied with suppuration and sinuses, was slow and languid in its progress, caused the destruction and loss of the first phalanx of one of the thumbs, and, in the parts where it healed, left an indelible cicatrix. At the present time, twenty years after the commencement of the disease, the back of both hands is covered in the middle with a thin bluish cicatrix; while at the circumference is a dull red band, uneven, granulated, and perforated with holes, from which a purulent matter exudes.

Five or six years back a similar form of disease attacked the inner side of the left thigh, and at present occupies a surface many inches in extent; cicatrix-like in the centre, and bordered by a broad and raised margin, wherein the disease still retains some activity. Both testicles have fallen the victims of scrofula: one is in a state of atrophy; the other is enlarged, and communicates with the surface by means of fistulous channels. Moreover, three years ago he suffered from a pelvic abscess, and passed purulent fluid by the urethra and also by the rectum. Again, he is at present troubled with an inflamed lymphatic gland situated a little above Poupart's ligament: the gland is tender to the touch, red, and surrounded with thickening. Nevertheless, although pallid, the functions of digestion are regularly performed, his lungs are sound, his voice powerful, he is a good singer, and he endures fatigue without inconvenience.

Such is the scrofulous history of the patient; we have now to note that the upper part of the patch on the back of the left hand has assumed the character of a broad, tumid, and flattened cheloma, and while bounding the diseased portion of skin, has spread upwards upon the back of the wrist with its own specific appearances. This form of the disease, which the patient terms "callus," commenced sixteen years ago; since when, the border of the patch on the left thigh has taken

on, at its upper and outer part, the same abnormal growth. There are, besides, several round chelomata on the inner side of the right thigh, and three on the outer side of the left thigh; two of the latter presenting the dumbbell form occasioned by the development of a prominent ridge, which serves to connect two round protuberances.

With such a history, we feel curious to know the condition of health of the family of the patient: the father and mother are reported as healthy; but of nine children only three have reached maturity, namely the subject of this notice and two sisters who are married. The rest died in infancy and childhood. Of the two married sisters, he states that one is suffering from constitutional syphilis communicated by her husband, while the other consulted us six months back for a similar state of disease. Here then we have the interesting pathological fact, of a brother suffering from extensive scrofula of the skin, testicles, and some of the pelvic structures, while his lungs are perfectly sound; and his sisters, who are free from scrofula, are unusually prone to the reception of syphilis, and to the manifestation of the disease in its constitutional form.

Let us take a brief look at the history of the sister referred to: she is 27 years of age, and has been married five years; two months after marriage she suffered with an ulcer in one of the labia pudendi, which lasted six weeks. She has had one child, which was born dead; and six months before consulting us, inflammation occurred near the lower border of the scapula, and has left behind it a chronic ulcer, with fistulous passages ramifying deeply in several directions. A short course of iodide of potassium with Plummer's pill has completely cured her.

We may repeat that of which we have a deep conviction, that the scrofulous diathesis is specially obnoxious to syphilis; that syphilis produces the greatest constitutional mischief in the scrofulous temperament; and that the cachexia engendered by syphilis may, when hereditarily transmitted, become manifested as a scrofula.

Recurrent Nervous Phenomena.—In the first volume of this Journal (page 467) will be found the case of a boy who, having inhaled laughing gas, the nervous phenomena produced by the inhalation were repeated periodically for a considerable length of time. A similar occurrence is now presented to us in a young lady, aged 21, who was confined of her second child five months back. During the labour she inhaled ether, and she describes the effects of the inhalation to have been to make objects and sounds appear distant, as if they were seen through a gauze, and as if they were muffled. Chloro-

form was next given to her with an exactly opposite effect; objects seemed to be close upon her, figures nodded at her mysteriously, and sounds were so loud as to be painful; the tick of the clock sounded like a gong, and she was much distressed by the loud ticking of her doctor's watch, although the watch was not removed from his pocket. Then, objects appeared to be enlarged, she herself seemed to swell up like a balloon, and then she floated away on a black cloud, accompanied by the nodding movements of those who surrounded her bed.

For the first week after her confinement these sensations recurred spontaneously twice or three times a day, accompanied with an irresistible desire to sleep; then they happened once a week, and latterly once in two or three weeks. Sometimes the lethargy alone attacks her; but if she be unable to seek repose on the instant, then the nervous phenomena appear. Latterly, she has been feeling languid and weak, and her hair has been falling profusely; and whenever the sensations of exhaustion are severe, then the symptoms produced by the chloroform are repeated. It may be interesting to note in conjunction with this disposition to neurotic phenomena on the part of the mother, that the child was born with an imperforate anus.

Exanthesis, Enanthesis, Pemphigus, Lentigines nigræ.—Mrs. J.'s child, æt. 2 years and 5 months, has an erythematous congestion of the skin of the face, hands, and arms. There are also evidences of a similar state of congestion of the mucous membrane of the mouth, lungs, and alimentary canal. The redness has a dusky and purplish hue, and is accompanied with desquamation of the cuticle; on the face the desquamation has always been dry; but on the hands and arms bullæ of pemphigus have been produced. There has been some excoriation of the skin, accompanied with cracks, occasioned by the irritation of fluid flowing from the mouth; but no evidence of ekzema in any part. He has also been the subject of hæmorrhagic discharges from the bowels, but to no great degree. The purplish colour of the skin of the face, lips, and hands, is suggestive of imperfect oxygenization of the blood in the lungs; but the most remarkable accompaniment of the eruption is a speckling of the whole of the reddened surface with dark brown, almost black, freckles.

Miscellaneous Memoranda.

Treatment of Carbuncle.—Mr. Paget, in a lecture delivered in St. Bartholomew's Hospital on the treatment of carbuncle, sums up his opinion in a few words :—"I fully believe that crucial incisions do not prevent extension; that it is only a limited set of cases in which the incisions diminish pain; and that with regard to the time that is occupied in healing, with or without incisions, the healing without incisions is very clearly and certainly a great deal the quicker." In reference to *spreading*,—a carbuncle two or three days old may cease to spread if divided by a crucial incision, but it would be difficult if not impossible to determine whether the arrest of growth was due to the incision, for some carbuncles cease to enlarge spontaneously, and others go on increasing, however much and to whatever extent they may be incised. But after the third day the incisions would fail altogether in checking the increase of the tumour. In regard to *pain*, the carbuncle has two stages; during the first three or four days it may be hard, tense, brawny, and excessively painful; but after this period it begins to soften, suppuration takes place, pustular formations become visible at its centre; and the pain ceases of itself. Now, in the first of these stages the crucial incision may be a partial relief to the pain; but during the second stage it would produce no such effect, and besides would be entirely uncalled for. On the other hand, carbuncles are sometimes excessively painful throughout their entire course, and no amount of cutting will in that case subdue the pain. "So that the conclusion in reference to pain must be this :—If they can be divided in the first three or four days, while still hard and brawny, it may relieve some measure of the suffering; at a later period the incisions have no influence at all." "The third point is stated thus,—that by the incision of carbuncles you *accelerate their healing*, giving facility for the exit of sloughs. But herein is the greatest fallacy of all. When the cutting of carbuncles was more customary in this hospital than it is now, when I did not cut them and some of my colleagues did, I used to be able to compare the progress of cases cut and of cases uncut, and time after time it was evident that the cases uncut healed more rapidly than those cut." The abandonment of cutting gives the surgeon the opportunity of observing the natural history of carbuncle. A carbuncle never suppurates throughout; its tendency is to concentrate its suppurating and sloughing energies towards the centre; it suppurates only partially and sometimes it aborts entirely. And while this centralizing process is in operation, the circumference of the tumour softens, and its inflammatory products become dispersed. A man, aged 55, had a carbuncle more than six inches long by three and a half in breadth; "it formed the ordinary hard, compact, tense, and brawny mass

. . . . it had taken to suppurate, and little pustules were pointing on the surface. If I had followed the practice of incisions, I should have had to make a cut in one direction of about seven inches, and in the other of about five . . . . I should have had not only the wounds wide open and gaping, and having themselves to heal, but a great part of the substance of the carbuncle fairly exposed, and also under the necessity of healing." But as all interference was omitted, "the whole of the space that now remains to heal is a series of openings in the middle of the carbuncle, through which . . . . nearly the whole of the sloughs have been discharged, and which now merely remain to be healed like the cavities of small abscesses." Another case "was that of a woman, aged 64, who came in with a carbuncle nearly as large, in a condition which, it might be said, required incision at once; but with the exception of two or three small points, no suppuration or sloughing ensued. That carbuncle dispersed, aborted, cleared away. This case shows the more ordinary course of events—the sloughing of the centre part, the gradual discharge of the sloughs, and the comparatively small spaces which are left in the centre of the carbuncle as the sole space in which the process of healing has to be achieved."

These remarks directed against crucial incisions are equally applicable to subcutaneous incisions. There are of course instances in which the knife may require to be used to release matter or sloughs, as it would be in the case of an ordinary abscess. "If you ask why one may not cut a carbuncle though it may do no good, I reply that you should never be *actively useless*, and there are some cases in which the cutting does considerable harm. Carbuncles, for the most part, occur in persons broken-down in health, exhausted by overwork or by bad food, or in general deteriorated health, as sometimes in diabetes or albuminaria, and in all these states it is a good general rule to save the blood they need for healing."

In the management of carbuncle, two points are of much importance, namely, diet and air. The diet should be regulated by the condition and habits of the individual; and he should be permitted to change his room, and if he be able, to make acquaintance with the fresh air either by riding or walking. The opposite of these conditions is highly objectionable; such as "high feeding and large quantities of stimulants," and confinement to bed or being shut up in a close room. As a rule, when people are generally well nourished, the amount of their food and stimulants may be reduced to two-thirds of their usual average.

The surgical treatment of carbuncle should consist, when of small size, in covering it with emplastrum plumbi spread on leather, and perforated in the centre with an opening to give exit to discharges. When it is larger, it should be dressed with unguentum resinæ, and over this dressing should be placed a poultice composed of equal parts of linseed meal and bread. Afterwards, when suppurating cavities are formed, they should be cleansed with Condy's fluid or a weak solution of carbolic acid, and filled with a dressing of unguentum resinæ ointment. Cleanliness is of the first importance, as is evidenced by the occurrence of small boils around the circumference of the carbuncle, attributed to "contact with the discharge, which seems really to have the power of infecting the neighbouring skin, and so producing the

boils, which are apt to arise, sometimes in clusters." "Of medicines I say nothing. Quinine, bark, and other medicines of that class, may be given if you please, or in case of evident need, and so may aperients; but there is really no need of them in an ordinary case of carbuncle. But there is one medicine which you may find very valuable, and that is opium, especially in all the earlier painful stages of carbuncle, in which it relieves the sufferings as thoroughly as incisions, or anything I know. After the early stages, even that is unnecessary, except for some patient who may be unable to sleep."

As to the danger of carbuncle, "I should say that there is no other disease of the same extent and general severity which is attended with so little risk to life. During twenty years of hospital and private practice, I cannot have treated less than two hundred carbuncles; and of these two hundred, four have died; giving a mortality, at a fair guess, of only two per cent.; a mortality which is less than that of most of the minor operations of surgery, and less really than that of any disease of equal severity that you can name." Of these four cases the age of the patients and the cause of death were respectively:—78, erysipelas; 55, chronic pyæmia; 50, acute pyæmia; and 50, exhaustion; the cause of death in the three first being accidental; that in the last resulting, probably, from deficient stimulation.

If incision be entertained,—and, according to Mr. Paget, it may, in some cases, be attended with benefit during the early days of the tumour,—the subcutaneous incision, claimed by Mr. French as his original proposal, is undoubtedly the best adapted for promoting the "abortion" of the carbuncle. Mr. French observes:—"The complete division of the indurated tissue *always* causes the abortion of the carbuncle. This, of course, implies early interference; for the term 'abortion' can hardly apply to an advanced development. . . . . By this means I am convinced, after numerous trials, that where the subcutaneous section has been made, inflammation does not extend in the direction of the knife. . . . . I am quite sure that the cases in St. James's Infirmary have far exceeded two hundred during the last thirty-eight years, and the mortality has been only two." Mr. French prefers the subsequent adoption of cotton-wool, as a dressing, to poultice, a suggestion in which we heartily concur; and as an example of the effects of a moderate and ordinary diet, in preference to high feeding, he details the case of a man of 78, who, having taken a bottle of port wine daily, was six weeks in getting well; whereas, twelve years later, upon infirmary diet, a carbuncle as large as an egg, divided subcutaneously, was quite healed in a little more than a week.

Makrosomia.—At page 78 of the present volume of this Journal is recorded a case of remarkable growth of the body, reported by Dr. Lombroso. A somewhat similar case is mentioned in the "Philosophical Transactions" for the month of October, 1695. The title of the paper is as follows:—"A relation of one Hannah Taylor, a very extraordinary child of about six years of age, who in face, &c., was as large as a full-grown woman, &c. . . . By Dr. Henry Sampson, Fellow of the College of Physicians, London." The paper narrates that "Hannah Taylor was born in Crutched Friars, June 12, 1682. She was, till three years old, very sickly, lean, and not able to go alone; but, about Bartholomewtide, 1685, she began to grow strong and fat, which increased until the time of her death. She was also a very forward child of

understanding, had her pubes grown thick and long, as also hair under her armpits and a downiness upon her chin, unusual with those of her sex except in some aged persons."

She died suddenly, and the "measures and weight of her body were as followeth. Round the breast a yard and two inches; over the hips, at the navel, one yard five inches; over the stomach, a yard; her height, one yard, wanting an inch; round the thigh, one foot nine inches and a half; calf of the leg, thirteen inches; upper part of the arm, fourteen inches and a half; the wrist, seven inches: her weight, 95 pounds. She had a face as big and broad as any fat grown woman of twenty years. Her chin and breast were so thick-laid with fat, that she was forced to hold up her head, or rather throw it backward, as she walked. . . . . The thickness of the fat upon the muscles of the abdomen was two inches, and not much less upon the sternum." Her body, on post-mortem examination, exhibited a considerable amount of disease in the intestines, left kidney, and lungs.

Carbolic Acid in Lepra and Prurigo.—Dr. Moriz Kohn reports the results of a trial of carbolic acid made by Hebra and himself in lepra vulgaris, pityriasis rubra, prurigo, and pruritus. Twenty-seven cases of lepra were submitted to treatment, with the effect of removing, in the first instance, the hyperæmia, and secondly the scales. Pruritus was quickly subdued by the remedy. The doses administered were from six to nine grains, daily increased to twenty grains and upwards, the form of administration being one-grain pills in combination with liquorice-powder. The remedy was found to occasion irritation of the kidneys, as evinced by the presence of albumen in the urine; but the albumen did not increase with the continuance of the larger doses. We can hardly regard this report as encouraging.

Treatment of Herpes zoster.—A writer in the *Dublin Quarterly Journal* for May, 1869, remarking upon the numerous cases of this eruption which occurred during the hot summer of 1868, recommends painting the vesicated patches with flexible collodion, as the "cleanest and most effectual means of preventing the rupture of the vesicles," and suitable at every stage of the disorder, "even in cases where superficial ulceration has taken place."

Epithelioma.—According to recent researches, it would appear that epithelial cancer is more frequently developed from the cells of connective tissue than from those of the epithelium, but nevertheless takes its origin from both. As the result of our own observation, we are of opinion that epithelioma of the skin originates in the epithelium of the follicles, and especially in that of the sebiparous glands.

Nutritive Properties of Eggs.—The *Medical Times and Gazette* for May 22, 1869, in reference to this subject, remarks:—"The egg contains about 75 per cent. of water, 15 of carbon, and 2 of nitrogen. The contents of an ordinary egg weigh about 400 grains; and when they are cheap and meat dear, they afford nitrogenous food at an economical rate. . . . The bulk of the egg is composed of albumen, the—'true starting-point of all the tissues,' as Liebig describes it, akin to which all food must be converted in the stomach in order to render it soluble and fit to enter the circulation. There is the rich, phosphorized, yellow oily matter of the yolk, with its suggestions

of protagon and nervous matter. There is the abundant ash with its iron and lime. . . . The egg affords to the poorer classes the means of enriching any diet, however meagre, at the least cost of money and trouble. Egg may be added to bread, the staff of life, in a dozen easy ways. The driest and most insipid crusts soaked in egg beaten with milk are converted into a delicious cake or pudding. Eggs may be added to milk, tea, coffee, the habitual beverages at two daily meals. To any stimulating drink, be it beer, wine, or spirits, eggs add a sustaining virtue, which renders less of the stimuant necessary. There is no vegetable that will not go well with eggs: mashed potato, in particular, is improved and enriched. They form an excellent ingredient in soups and broths—as the Dutch soup, made of broth thickened with yolk of egg. . . . . Their insipidity, their want of properties which stimulate the liver and bowels . . . may be remedied by the addition of highly-seasoned pungent articles, of which watercresses and other kinds of salad are the readiest . . . whether raw eggs be mixed with salad, or savoury herbs be cooked with eggs into an omelette, the result is highly nutritive. Of course, either combination should be eaten with plenty of bread. . . .

"In a climate and state of society in which cod-liver oil is extensively prescribed, it certainly seems reasonable to make large use of the oily and albuminous ingredients of the egg, whether as preventive or curative. Children as they grow up, too often show by their teeth, their enlarged glands, or some other constitutional defect, that their nourishment has not been up to the mark; and without underrating the importance of other hygienic conditions, we cannot help thinking that the addition of the oily and nitrogenous egg to their breakfast might save much trouble in after-life."

Steatomatous Tumours of the Scalp.—The *Berlin Wochenschrift* for March 15th reports a proposal by Dr. Krafft Ebing for the cure of encysted tumours of the scalp, the merits of which we are unable to comprehend. His plan is, to produce ulceration by the injection into the tumours of a solution of tartar emetic, two grains to the ounce, the quantity injected being a few drops. Why this roundabout process should be had recourse to, when a slit of the tumour enables the surgeon to draw out the cyst bodily by means of the forceps, we cannot conceive. The novelty of the suggestion does not compensate for its unpractical character.

Vaccination from the Heifer.—Dr. Blanc, in a letter to the *Medical Times and Gazette*, announces himself as being prepared to vaccinate all-comers directly from the heifer; with one heifer, he observes, "500 persons can be vaccinated; from one heifer, ten heifers at least can be inoculated; five days are sufficient to have an abundant, nay, unlimited supply of good lymph." The advantages of this mode of transmission of the vaccine lymph directly from the animal he states to be:—"1. It supplies a pure vaccine lymph free from all diathetic and contagious principles. 2. It produces a vaccine lymph bred on its own native ground, and therefore more active, more constant, more apt than ordinary human vaccine to create a longer immunity. 3. It gives an abundant supply of good lymph equal to any emergency. . . . . Moreover, the practice of transmitting the virus through the younger animals has the advantage of depriving it of its first irritability without impairing any of its vital properties." And of course the possibility

of conveying syphilis or any affection of the human organism is placed beyond the reach of chance.

The Fungus Error.—The *Medical Times and Gazette* notes the introduction to the Pathological Society, by Dr. Charlton Bastian, of a communication having reference to the supposed bacterides, fungi, and spores declared by Hallier, Salisbury, and others to exist in the blood. He has seen certain "freely-moving organic particles in blood which has been drawn from patients in various diseased conditions. But his observations do not give support to the idea that these are spores or germs introduced from without. On the contrary, he looks upon them as the results of changes in the elements of the blood itself. He has seen such minute bodies in blood drawn from anæmic patients, and he believes that they are particles separated from stellate or mulberry-like red globules. In some fevers, on the contrary, he thinks that such spore-like bodies may have their origin in altered conditions of the blood plasma."

Poisonous Hair-dyes.—The frequent impunity with which leaden and metalliferous hair-dyes are used, when only applied at intervals, has led to the introduction of a more dangerous class than these, called hair-restorers, in which a slower action of lead is employed to blacken the hair by daily applications. The most romantically named hair-dyes and restorers are just so many solutions of lead, mercury, silver, or copper, combined with mordants or decomposing agents. Those of nitrate of silver destroy the hair, but do not injure the health. Mr. Erasmus Wilson tells us that one of the most largely-used hair-restorers contains as much as a drachm of acetate of lead to half a pint; it is sold for more guineas than it is worth pence in point of money value. Leaden combs, used daily, produce also insidious forms of lead-poisoning. Schott publishes, in the *Gazette Médicale de Paris* (1864), an instructive post-mortem examination of a fatal case. Those who have used some of these poisonous preparations with impunity for a number of years, should yet remember the fate of Mademoiselle Mars, who also dyed her hair, in the hope of eternal youth, and succumbed in one night, under cerebral disturbance produced by a new application. The pearl-white powders, which are becoming more and more fashionable for giving the complexion the dull Parisian whiteness of skin—the *teint mat*—are equally dangerous, and produce numerous poisonings, especially amongst dramatic artists. There are many innocuous powders which answer the purpose; but carbonate of lead adheres so much better, that it is still the favourite, as it was when Ovid denounced it in his *Ars Amandi*, and Martial in his Epigrams.—*Brit. Med. Jour. and N. Y. Med. Jour.*

Female Physicians.—The objection to women practising medicine, it is stated, dates back to 1421, when a petition was presented to King Henry V., that "no woman use the practyse of fisyk, under payne of long emprisonement."—*Medical News.*

Contributors are requested to send in their Papers as early in the Quarter as possible: all communications to be addressed to the Editor, 17, Henrietta Street, Cavendish Square.

LECTURES ON CUTANEOUS MEDICINE AND DISEASES OF THE SKIN.

BY ERASMUS WILSON, F.R.S.

LECTURE XI.

On the Treatment of Ekzema.

GENTLEMEN,

WE have directed your attention to a series of questions which have presented themselves to our notice in the course of our study of ekzema. We began with the inquiry:—What is ekzema? Then: How is it known? And further: How is it to be distinguished from other diseases? We next proceeded to the examination of its causes, and then to consider its consequences; these various questions comprising the *definition*, the *description*, the *etiology*, and the *prognosis* of the disease. We have now to take the final step of considering: What are the means which conduce to its cure? In other words: What is the treatment to be adopted for its cure?

The first and almost the chief thing that attracts the attention in ekzema is the local affection; it is on account of this that the patient applies to you for relief, and often himself sees nothing else that requires treatment. Nevertheless, thanks to the popular prevalence of humoralistic views, he is ready to suspect and to acknowledge that there must be something wrong in an organization that is unable to extend its protection to the most distant limits of its territory and is incapable of resisting the irritative influence of ordinary stimulants applied to the skin, and is prepared to accept in aid of the local treatment, a treatment adapted to give energy and strength to the constitution; in other words, a constitutional treatment.

Let us take as an illustration of these views an example that we have appealed to often before, namely ekzema infantile. An infant is covered with an eruption of ekzema; the cause of that eruption is an error of diet; we should be ill-performing our duty if we were to content ourselves with

a local treatment to the skin, without making an endeavour to remove the cause by modification or improvement of the diet. It may happen that a mere change of diet—say, a wet-nurse, or Liebig's food, or cod-liver oil—may be sufficient for our purpose; but it is also not improbable that deficient nourishment, pain, and want of rest, may have engendered a state of constitutional disorder, which will render necessary a recourse to tonic medicines, such as phosphoric or hydrochloric acid or iron, or arsenic. Or, if we take the most simple instance of local ekzema, and examine the constitution searchingly, we shall discover evidence of deficiency of nutritive power; otherwise, nutritive debility. You may accept it as certain, and beyond the reach of question, that disease cannot fix itself upon a healthy organism; and that the presence of local disease is a proof of a debility of organization, a debility that medical treatment may in most instances relieve, and in many also cure.

We think that you will agree with us that ekzema, like most other diseases attended with a local manifestation, calls for a constitutional as well as for a local treatment. In fact, ekzema differs from no other disease of the organization, excepting in this, that from its position at the surface of the body, it is inevitably exposed to the perpetual influence and irritation of the atmosphere.

The LOCAL TREATMENT OF EKZEMA may be summed up in a few comprehensive words:—*allay irritation, and restore the weakened tissues to the normal standard of health.* The most complete mode of allaying irritation is to exclude the atmospherical air without interference with the transpiration of the skin. The method of restoration of the skin to its normal health, is by the judicious use of stimulant remedies. Stimulants, you will remember, when administered internally are termed tonics, so that the external treatment which we propose for the corroboration of the tissues of the skin, is eminently *tonic.*

Daniel Turner, the first of English dermopathologists,* left behind him a reputation for his *unguentum de lapide calaminare,* the famous Turner's cerate; and we hope to be able to leave behind us an equal reputation for the benzoated ointment of oxide of zinc; at last, and apparently with some reluctance, provided with a place in the British Pharmacopœia, upon whose pages it sheds unwonted lustre.† Now, the oxide of zinc

* Turner flourished in the early part of the eighteenth century, about 1710.

† JOURNAL OF CUTANEOUS MEDICINE, vol. i. page 401.

ointment, properly benzoated, and made of pure materials, pure oxide of zinc and pure lard, is the most perfect local application for ekzema at present known; and, indeed, is so perfect, that we doubt the possibility of its ever being excelled. It is suitable for every form and every stage of the disease, but most of all for the dry forms; and it should be applied in a twofold manner, namely, in substance with the point of the finger, or a thin spatula, or the hand, so as to distribute it uniformly over the diseased surface; and, spread on some soft material such as lint, cambric, or fine flannel. Employed in this way, the oxide of zinc ointment has all the advantages and most of the uses of the poultice, without the objectionable qualities of the latter, the dirt, the fermentation, the saturating moisture, and the decomposition. And it fulfils the purpose which it was sought to accomplish; it excludes the atmosphere without preventing transpiration; it keeps the surface upon which it is applied soft and flexible, and it gives nature time to effect the reparative processes needed by the skin. Sometimes the dressing, if the diseased surface be of small extent, may be kept in its place by strips of adhesive plaster; sometimes, and when possible this is always desirable, it is maintained in its place by the moderate pressure of a bandage either of elastic cotton or of Domett's flannel. But there are situations in which a bandage could not conveniently be applied, such as the face and the general surface of the body; and others in which a dressing of any kind would be objectionable, as behind the ears, in the axillæ, and in the region of the pudendum; and in all these cases we must trust to the reapplication of the ointment as frequently as it may chance to be rubbed off.

It may be laid down as an axiom of cutaneous medicine, that ekzema, in its active stages, should never be washed; one of the first instructions which you give to the mother of an infant suffering under ekzema infantile is to avoid washing the eruption; discharges may be absorbed by a soft napkin, adjacent surfaces may be wiped with a similar material, dirty ointment or loosened crusts may be lightly brushed away; but for the nonce no water should be employed. Your aim should be to preserve the inflamed surface as tranquil as possible; to give Nature, of whom medicine is only the handmaiden—perhaps we may be permitted to say the maid-of-all-work, since it seems to be the fashion of the day to discountenance the special investigation of disease—to give Nature the opportunity of accomplishing her cure after her own fashion, and without unmannerly restraint. We have said that the office of the zinc ointment is to sheathe and protect the morbid surface;

but it performs another and very important function, namely, that of creating an artificial layer, to take the place, for the time being, of the lost cuticle; and this concretion of the ointment should be studiously promoted by applying fresh and fresh ointment as often as that previously applied has become dried up, or has been accidentally wiped away. A scab or thin crust—not such a crust as would detain secretions on the part, and be a source of offence—is Nature's "court-plaster," that we must learn in good time to respect. Officious Physic and meddlesome Surgery are two very mischievous and dangerous allies.

Gentlemen, we say again and again, and then over again, that the local treatment of ekzema, in its more active and therefore most troublesome stages, requires no other remedy than the benzoated oxide of zinc ointment, and that by the use of the oxide of zinc ointment alone the first of the indications of treatment of ekzema will be accomplished, namely, that of *allaying irritation*. But you *must* be provided with a good article, and you *must* learn to know its use. We will now pass on to another consideration, also of much importance. When your dressings are properly applied, and adjusted with nicety, they should remain undisturbed for as long a period as possible,—say for twenty-four hours, or even longer. But here you will find a difficulty in the management of infants; their habitual restlessness will disturb dressings, will rub off the ointment, and it will require patience to replace them; but there is no alternative, the thing *must be done*, and you must bring all your inventive faculty to bear upon the problem. But we may mention in this place that there are two regions of the body where the oxide of zinc ointment is unsuitable, namely, on the eyelids; for in that situation, getting upon the conjunctiva, it creates irritation, and gives pain; and on the scalp, where it would tend to mat the hair together, and prevent a necessary condition in the treatment of ekzema, namely, perfect cleanliness. In both these situations you should substitute the nitric oxide of mercury ointment for the zinc ointment, diluted in the proportion of one part to three of benzoated lard.

And now, gentlemen, if we impress upon you very strongly the value of the benzoated zinc ointment in ekzema as the mainstay of your local treatment, we must also ask you to keep your weather-eye open to the teachings of the first principles of medicine. There may be great local heat of surface; there may be inveterate itching; there may even be considerable pain. Heat, itching, and pain the benzoated zinc ointment will generally allay; but if it fail to accomplish that purpose, there are

certain agencies which you may superadd to your treatment, but always without disturbing, or with as little disturbance as possible to, the zinc ointment. For the relief of heat you may apply a spirit or ether lotion to the heated surface by means of a fold of cambric *more usitato;* for the relief of itching you may use, in a similar manner, an emulsion of bitter almonds, with hydrocyanic acid and spirits of wine; and for the relief of pain, you may employ a fomentation of poppy-heads. We believe that you will hardly need more at this stage of the disease. There are certain indications that will tell you when one or other of these symptoms may be expected: heat is usually associated with redness and swelling, and is apt to come on at night, particularly in infants; it is often the precursor of ichorous discharge; itching also precedes a copious effusion of ichorous secretion, and is a frequent accompaniment of the papulous form of the eruption; while pain, of an aching character, is the associate of a deep-red and venous coloration of the morbid skin, and is more common in the pudendum than elsewhere. It may be that there are parts of the skin on which the eruption is scattered and itchy, to which the almond emulsion with hydrocyanic acid would prove a more agreeable application than the zinc ointment; and certain other parts which are moist and exuding, for which an absorbent powder would be more suitable,—such as that of oxide of zinc one part, starch three parts, with a proportion of camphor, consisting of ten or fifteen grains to the ounce. In using the latter, however, it will be needful to take heed to the moment when the surface has become dry, and when the demulcent ointment will require to be substituted.

In what we have said to you, gentlemen, up to this time, we have had in our mind that special and uncomplicated type of the affection, ekzema infantile; but the same general principles apply to the disease, whatever may be the age of the individual. You will sometimes meet with instances, although very rarely in the infant, in which there appears to be an intolerance of fatty applications; but even in these cases, where they exist, we are inclined to ascribe the phenomenon rather to mismanagement or mistrust, or possibly, to an impure ointment, than to any positive repugnance on the part of the skin. Fat is a natural product of the skin, and its natural lubricator and protector; and we should therefore refer the repugnance where it existed, to a morbid state of sensibility and undue irritability of the skin; and consequently, to a state which would in most instances give way to a steady and prudent use and continuance of the remedy.

As we are now considering the most simple and uncom-

plicated form of ekzema, and ekzema in its active and, as far as is customary in this affection, in its acute stage, and especially the ekzema of infants, we will now complete the picture of the disease by a few words on the constitutional condition of the patient. The morbid manifestations of ekzema are a strong evidence of an extensively disordered nerve tissue; the constitutional symptoms manifest the same tendency. Let us, then, see what we have further to do for our patient. We have prescribed the zinc ointment; we have shown what our remedy is; what is to be expected of it; how it is to be used. We have ordered that there shall be no bathing, and as little interference and meddling with our patient as possible. We have endeavoured to show that our patient needs repose, quiet, rest, and proper and nutritious food without stint or limit. What else is to be done? shall we purge him or physic him? God forbid. If the bowels are confined, we may help them with a little magnesia and rhubarb, or manna, or castor oil; if he be emaciated, and exhibit a tendency to waste, we may check his prostration by cod-liver oil; but the one and almost indispensable remedy is the nerve-restorer, arsenic. Try two minims of the liquor arsenicalis three times a day in the combination known as our ferro-arsenical mixture; adopt as much care and vigilance as you please in its exhibition; but do it, and obey; heed not the twaddling of ignorance, but listen to the voice of judgment and experience. We will subjoin the formula, printed a hundred times, lest it may have escaped your memory:—℞ Vini ferri, ℥iss; Syrupi simplicis, ℥iij; Liquoris arsenicalis, ℥j; Aquæ anethi, ℥ij; misce. One drachm will give you two minims of liquor arsenicalis. It may be administered pure, and just at the end of the meal, so as to be mixed with the meal in the stomach. Gentlemen, you have done your duty *sans peur et sans reproche*. Just one word more. If the medicine disagree, stop it.

We now pass on to the second part of our proposition, namely, that after allaying irritation, which is equivalent to removing the local affection, we should aim at *restoring the weakened tissues of the skin to a normal state of health*. Ekzema in the infant, when properly treated and judiciously managed, and barring the accidents of a re-excitement of the disease by vaccination, dentition, and the ordinary infantile disorders, rarely assumes a chronic character; and therefore, when the eruption has subsided, there remains nothing further to be done than to effect as far as possible the restoration of the healthy tone of the skin. And this leads us to say a few words on the subject of prophylaxis. It is a curious paradox, but one not difficult of explanation, that whereas nothing contributes

more to the injury of the skin, when the latter is in a state of disease, than exposure to the atmosphere; so nothing, on the other hand, conduces so much to its perfection, when in a state of health, than a plentiful ventilation. The prophylaxis of the skin of the infant may be summed in four words—soap, water, air, and moderation of temperature; and it may be doubted whether, these hygienic conditions being properly adjusted, even errors of diet would be capable of exerting influence sufficient for the induction of ekzema. We shall leave it to gynaikologists to arrange in what manner and by what means infants may be rendered hardy without injury to their organization; but we have no hesitation in saying, that when that happy consummation shall be arrived at, ekzema infantile will be infinitely more rare than it is at present. Now, as is well known, ekzema infantile is much more common in large cities and towns than it is in agricultural districts, and amongst the middle and the highest classes than amongst those who are most exposed to vicissitudes of every kind. If we had to select for your inspection an ensample of a healthy infant skin, we should not seek for it in the metropolis, but amongst the rude villagers of our country side, and especially in the bleak but modified climate of the sea-coast.

The same remarks apply to the adult. How frequently we find that ekzema accompanies the clinical state of the individual, the hot bedding of the parturient female, the prolonged decubitus of the invalid, or the permanent bed-life of the aged and infirm. And our clothing is hardly less objectionable, tending in general to accumulate heat where heat is already in excess; for example, in the axillæ, in the pudendum especially, around the neck in men and around the waist in women. The skin is an air-breathing organ, and we suffocate it. We do not sufficiently ventilate it; we look upon the morning cold bath as indispensable to health; and we recommend strongly the exposure of the skin for a time to the air, after the manner of Pliny, when practicable; but, in the absence of the appliances of the luxurious Roman, then, in our dressing-room, with the window wide open, if possible. Next to the mere water comes the tonic action of soap; and water and soap are within the reach of everybody. We could tell you how the most delicate organization could be made to bear a cold bath or a cold douche; we could tell you how the perspiring body could equally bear the downpour of the shower douche. This is merely a question of the judicious blending of temperatures, of the hot and the cold, and although certainly not foreign to the question of the prophylaxis of the body, yet too copious a subject for a dissertation on the treatment of

ekzema,—for the present our real business. But we must not quit the subject of the bath without admonishing you that rough friction to the skin is not only useless, but even injurious, and that all the contrivances of rough bath-towels and flesh-gloves and flesh-brushes are the barbarisms of a people who do not comprehend the genius of the bath. Let your towels be soft, your friction moderate; but ventilate the skin by exposure to the air as much as you please.

We have heretofore, gentlemen, engaged your attention with the treatment of ekzema in an active stage. You know that ekzema is essentially a chronic disease, and that we do not admit an *acute* form of the affection; but there is a period during which it is active, another during which it is passive; and then, again, an intermediate, a transitional period, during which the active and the passive are apt, each to manifest itself for a time, and to constitute a very obstinate and sometimes a very perplexing disease. You must bring science and art, both to your aid, in the management of ekzema. We have already discussed the application of science in the use of the oxide of zinc ointment, and the manner of employing it, in the administration of arsenic and the way of co-ordinating it; we will now address ourselves to the art of managing the transitional period of the disease, until a true prophylaxis admits of being adopted.

When the inflamed skin underneath the pellicle of dried and concreted zinc ointment has healed, and a new and firm cuticle has formed, we may commence with the use of very gentle friction with the palm of the hand: if this moderate friction should occasion discharge, a little more zinc ointment will be necessary; of course not so much as at first, and with a different object, namely, that of simply moistening the parched and angry skin. The gentle friction may be repeated night and morning, and each time, if the skin will bear it, increased a little in force; and after the frictions the tender surface should be dusted over with some harmless powder, such as zinc with starch; starch alone; lycopodium, or simple wheaten flour. Then again, after a few days, a gentle washing with Castile soap may be attempted; at first with tepid water; then with cold water; and, later still, if this progressive method should prove successful, with a mildly stimulating soap, such as that of the juniper tar or of carbolic acid. It is important, moreover, that after the ablution is completed, the soap should be rinsed thoroughly off; and that the skin should be thoroughly dried with a soft towel, and that friction during the drying process should be avoided. In the beginning, after the drying of the skin is completed, the tender surface may be dusted

over with one of the sheathing powders already mentioned, and, later on, when the skin will bear it, it may be left without any such protective covering, and simply guarded against rough friction and rough usage. You will see, gentlemen, that we are still dwelling on ekzema infantile; for the same principles that apply to it, apply equally to the ekzema of the adult; and in fact, it is as necessary to use all your foresight and your tenderness in the case of the adult as it is in the case of the infant or of the child.

Another hardening process that may be adopted with the view of strengthening the skin is the use of soap with firm friction to the tender part, and subsequently sheathing it with the demulcent ointment. And, again, a very valuable means, the employment of cold water in the form of a douche, projected by a garden syringe when no more convenient apparatus is at hand, or from the spout of a watering-pot or of a jug.

In the transitional and passive periods of ekzema, there is one symptom that is extremely troublesome, and that will demand all your ingenuity and care to mitigate, namely, pruritus; and pruritus is associated with a greater or lesser degree of infiltration of the skin, that we must use our best exertions to disperse. In fact, the pruritus, in a majority of instances, is a consequence of the infiltration, and therefore a radical treatment points to the necessity of removing the objective rather than the subjective, of the cause rather than the effect. When pruritus is a neurotic phenomenon, our best palliatives are, hydrocyanic acid and tar; when it depends on dryness and desquamation, the benzoated oxide of zinc ointment or a borax lotion may suffice; but for infiltration in various degrees, stimulant applications are necessary, ranging in strength from the mildest up to the strongest.

As an antipruritic, the lotion of emulsion of bitter almonds twenty or thirty kernels to six ounces of water; dilute hydrocyanic acid, two drachms; and spirit of wine, fourteen drachms, is an admirable one, cooling and soothing at the same time. Sometimes borax may be made to take the place of the hydrocyanic acid, and the spirit of wine omitted; or the original lotion may be rendered stimulant by the addition of the perchloride of mercury, from one to two grains to the ounce. But this, *in limine*, with regard to the use of lotions; however agreeable they may be for the moment, they are all, unless they contain oil or glycerine, apt to leave behind them a certain degree of dryness or perhaps add to the dryness they were intended to mitigate, for dryness of itself may be an incidental cause of pruritus. Hence, conjointly with the lotion, we recommend a smear of the oxide of zinc ointment

or one of the milder stimulant ointments; that is to say, that as soon as the lotion is dried, a smear with the ointment should follow.

Borax is an antipruritic when it is combined with oil or glycerine so as to form an emulsion: thus, two drachms of borax, with six of benzoated oil or glycerine, and seven ounces of emulsion of bitter almonds, form an elegant and useful lotion; but glycerine is uncertain in its operation on the integument, and is sometimes, instead of being a sedative, an irritant to the skin. Our antipruritic resources are, as you will perceive, very limited; sometimes a solution of carbonate of soda, two drachms to the eight ounces; or of carbonate of ammonia of the same strength in camphor julep, is very soothing; or, tincture of opium with spirit of wine and camphor mixture; and sometimes we shall derive advantage from a lotion of sulphuret of potassium; or a diluted aconite liniment.

But a more potent antipruritic remedy, although at the same time stimulant, is to be met with in tar, with its hydrocarbon extracts, carbolic acid and kreosote. And we have nothing more competent to quell a raging pruritus than Hebra's famous lotion, composed of oleum picis juniperi,* sapo mollis, and alkohol, of each an ounce, diluted more or less considerably with water, a pint or even a half-pint. Carbolic acid and kreosote may be combined with distilled vinegar or glycerine, and used in a diluted form, one or two drachms to the half-pint; or with oil in various degrees of concentration.

Gentlemen, we have shown you how you should deal with the inflammatory or active stage of ekzema; how you should meet the requirements of pruritus proceeding from nerve-irritation and dryness; there are two other morbid conditions which we have now to mention,—namely, infiltration giving rise to condensation and thickening, and nervous irritability. In moderate states of infiltration, the milder forms of stimulant remedies will be found sufficient; such as the nitric oxide of mercury ointment, diluted or pure; the citrine ointment, diluted or pure; or the ointments of tar and kreosote. These remedies should be either well rubbed into the affected skin morning or night; or, the latter should first of all be well washed with the juniper tar soap, and then the ointments should be used.

The natural history of ekzema teaches us that severe pruritus generally precedes the excretion of a copious exudation from the skin, and that the exudation at once relieves the itching: this principle has been taken advantage of by Hebra, for the

* Pyroligneous oil of juniper; or, huile de Cade; oleum cadinum.

purpose of furnishing an additional remedy and an additional means of treatment; in a word, a remedy, which by application to the thickened and condensed skin, shall cause the infiltrated fluids to be poured out upon the surface in the same way that Nature performs the act in the ekzema ichorosum. The remedy which Hebra recommends is the potassa fusa variously diluted, according to the effect that is intended to be produced. Very commonly he uses a solution of equal quantities of caustic potash and water, and we have pursued the same practice with infinite advantage; in fact, it may be truly said that some of the more condensed and hardened forms of ekzema will yield to no other means. The solution is painted on the surface by means of a sponge brush; the viscous ichor is seen to ooze forth from the thickened skin even in a few seconds; the bloated tissue-cells are made to disgorge their excessive contents; and in a few minutes, one of the most passive and inveterate forms of the affection is transformed into an active stage, and becomes amenable to the milder principle of treatment applicable to the inflammatory condition of the disease.

If there be one thing that distinguishes ekzema more than another, it is nervous irritability—a condition easily understood when we remember that ekzema is an inflammation of a part of the body abounding in nerves, and that the papillary stratum of the derma is a stroma composed almost entirely of a capillary rete and nerve plexuses. To this special organization are to be referred the teasing and violent pruritus that accompanies this affection; its sympathies with states of the economy; its exacerbations; its sometimes frenzied torments; and its not unfrequent intolerance of every remedy that may be proposed for its relief. We have evidence that such is the case by the comfort which is often given by an application which a few days before drove the patient distracted, and by the pain and distress frequently caused by the most soothing remedies, and, first among these, by the oxide of zinc ointment. When this state of nervous irritability prevails (and it may be present in various degrees from the slightest up to the most confirmed)—when every known application creates pain or awakens dread and alarm—our only resource, but a most valuable one, is nitrate of silver, in solution, of various strength, from two grains to the ounce up to a drachm, and dissolved, as the case may be, in distilled water or in nitric æther. Such a solution painted over an inflamed and irritable surface, acts like a charm; from bearing nothing the ekzema will bear everything; and a dressing with the zinc ointment becomes its greatest solace. But it may happen, and very

probably will do so, that the irritability will in the course of time return, in which case the remedy should be repeated; and it may be repeated again and again, and for as long a period as the nervous irritability presents an obstacle to the cure of the eruption. All that we ask of you is, that you master the principle; that you assure yourselves that the evil you are contending with is, in fact, nervous irritability; and that you employ the remedy—not because you have heard that it is a good thing, not because you have known it to be useful in a previous case—mere empirical reasons,—but with the direct object of subduing that irritability by the best means that the *iatrium chirurgicum* affords.

Gentlemen, you must take this as a sketch of the general principles of *topical therapeutics* as applicable to ekzema in general. There is a special treatment suitable to particular forms and to particular cases; and these we may have occasion to advert to hereafter; at present, and to complete the treatment of the subject in hand, it will be necessary to take a glance at the *constitutional therapeutics* of this important disease. We have already laid down the general axiom that support of the powers of the system should be the main object of our labours, and to this end the functions of the body should be regulated; such faults of debility as we are able to find should be redressed; and that we should complete our work, if need be, with the aid of a medicine which, from its known valuable agency on the skin, has acquired the reputation of being a cutaneous specific, namely, arsenic. In the majority of cases nothing could be more injudicious than beginning our treatment with arsenic, because there are always certain general indications to be fulfilled to which arsenic is unadapted, and the fulfilment of which clears the way for the use of that excellent and admirable remedy.

It is now that you will perceive the advantage of such a grouping of ekzematous disease as we have set forth when discussing the causes of this affection; for example, nutritive, assimilative, and neurotic; and having determined approximatively under which of these groups your patient should be classed, you will then put in practice a treatment that is to improve nutrition, or digestion and assimilation, or innervation, as the case may be. If you decide that the causes of the disease are simply nutritive, your treatment should be, good and proper food and arsenic; if in your opinion the digestive and assimilative organs are at fault, then arsenic would be inappropriate; and if the symptoms lean in the direction of a neurotic debility, the digestive functions being regular, there is no obstacle in the way of your beginning

arsenic at once. Hereditary and congenital ekzema generally fall under the nutritive class, and acquired ekzema under the head of assimilative or neurotic.

There are few medicines of a tonic character that come to our aid in the treatment of infants and children suffering under ekzema, beyond cod-liver oil, wine of iron, phosphate of iron, and arsenic. As age advances into youth we have the further help of vegetable bitters, of the mineral acids, and quinine; and in adult life the field of tonics expands somewhat more: there are the citrate of iron and quinine, strychnine, and phosphoric acid; and at the head of all *facile princeps* stands arsenic, of which the British Pharmacopœia affords a copious variety of forms—arsenic with potash, arsenic with soda, and arsenic with hydrochloric acid. There is one preparation of arsenic that you will never want in the treatment of ekzema, and we caution you to avoid it, namely, the triple solution of Donovan, the liquor hydriodatis, hydrargyri, et arsenici.

In further assertion of the importance of such a division of causes as is expressed by the terms nutritive, assimilative, and neurotic, we may observe that you will frequently meet with cases that will tempt you to the use of such expressions as dyspeptic ekzema, gouty ekzema, rheumatismal ekzema; such distinctions as these are utterly uncalled for in practice, but they point a moral; they show that in the treatment of such cases you must always have before your eye the dyspeptic, the arthritic, and the rheumatismal tendency or diathesis, and all these we include under the general denomination of assimilative. And, if we suppose such a case, we should begin our treatment with nitro-muriatic acid and a bitter, such as gentian, or calumba, or orange-peel, and a pill, consisting of the compound colocynth extract, blue pill, and extract of henbane, every second or third night, as the case may be; and in the case of an arthritic or rheumatismal complication we should not fail to prescribe a grain of the acetous extract of colchicum every night. In other cases, where more debility of the mucous membrane seemed to be present, or after, by the previous course, we had secured a healthy action of the liver, we know of no remedy so perfect as the citrate of iron and quinine. And in younger persons with some little feverishness of system we should prefer small doses of sulphate of magnesia, with sulphate of quinine and sulphuric acid, either in combination with infusion of roses or infusion of orange-peel.

We have no fear of your retaliating upon us with the remark, that this treatment is nothing more than would be adapted to any case in which assimilative debility was present in the system: our answer would be simply, "Exactly so; it is

this that we have led you to expect; this is the very gist and essence of our teachings; we declare that ekzema, as well as other cutaneous affections, is to be treated precisely upon the same principle as diseases in general. And if we have recourse to arsenic more frequently than in other diseases, it is only that it has been proved to be an excellent remedy, and has enjoyed and enjoys a reputation in the treatment of a considerable number of diseases besides those of the skin."

The form of arsenic to be selected in your treatment is of very secondary importance; you may take the potash solution of Fowler, the soda solution of Pearson, or the acid solution of de Valangin. Now that the British Pharmacopœia has equalized the strength of liquor arsenicalis and of the acid solution, the dose of these two preparations will be the same; the liquor sodæ arseniatis of Pearson being somewhat weaker. You will, however, find an advantage in departing from the formula of the British Pharmacopœia by omitting the tincture of lavender, the flavour of which is generally disagreeable to the patient, and the more so, as he is ordered to take the medicine with his meals. We have always advocated small doses of arsenic, and in a long practice we have seen no reason to depart from that principle; but we have no hesitation in prescribing it for infants of a few weeks old. It is a medicine which seems almost expressly made for them, it answers so well; and in a short time after taking it, the improvement in their condition and nutritive power is often very remarkable.

The dose of the arsenical solution for the infant is one or two minims three times a day; and for the adult, three or four minims. We make a distinction between a tonic dose of arsenic, which we believe should be as small as is here directed, and an alterative dose as required for lepra, which may mount up to five or six minims. But we have a good deal to learn yet with regard to the therapeutical properties of arsenic. Our favourite method of administering the remedy is by the ferro-arsenical mixture, of which we have just stated to you the formula; the strength of arsenic is to be regulated by varying the proportions of the liquor arsenicalis and the syrup, and you will find a convenience in always writing the formula in the same way; for example, the first and the fourth line are to remain stationary, the variations are to be made only in the two intermediate constituents, the syrup and the liquor arsenicalis, which together should make four drachms. Half a drachm of liquor arsenicalis in this formula will give one minim for a

dose, and each additional half-drachm will increase the dose by a single minim. The convenience we refer to is not a small one, namely, the avoidance of the possibility of making a mistake in the quantity.

Having, then, to deal with a medicine that requires care in the handling, we do our best to hem it round with defences; we are exact in our formula; exact in the dose; careful as to the time of administration; and anxious in our observation of its effects. You will remember that the arsenical dose should be small, in order that it may not disgust the taste by its quantity,—we limit it to one drachm; it should be administered with the meal, in order that it may be mingled with the chyme in the stomach and transmitted with the chyme to the chyle, and thence into the system with the nutrient material of the food; and it should be administered at or towards the end of the meal, to ensure its not being brought in contact with the mucous membrane. Moreover, we watch narrowly to see that it occasions no nausea, no gripes, and no prostration of power: these are its primary effects when it disagrees with the system; and there are sundry subsequent effects, such as a puffy swelling of the eyelids, the cheeks, or limbs; and later still, congestion of the vessels of the conjunctiva.

ON CONTAGIOUS IMPETIGO.

By TILBURY FOX, M.D. Lond., Physician to the Skin Department in University College Hospital.

IN the year 1864 I described very fully in the *British Medical Journal* a special form of cutaneous disease, which had up to that time been confounded with ordinary impetigo, and classed with other eruptions by writers under the indefinite term "porrigo." The peculiarities of the disease which first struck me were its occurrence oftentimes in the most healthy subjects, and its contagiousness. During the last four years I have re-examined my opinions by the light of accumulated clinical experience, and am only confirmed in my convictions as to the essential statements which I originally made with regard to the disease. When at Oxford last year, at the meeting of the British Medical Association, I was gratified to hear from Dr. Clifford Allbutt that he had recently become convinced that my statement as to the existence of the

special form of disease, such as I have depicted, was correct, and he kindly gave me the particulars of several cases he had observed only a few days previously in a certain family. Other and important similar testimony has been accorded. Dr. McCall Anderson, whose opinion I value, in his work on ekzema, says:—

"Dr. Tilbury Fox describes a form of ekzema impetiginodes, under the name of 'impetigo contagiosa,' for a description of which I must refer my readers to his article on the subject. My own experience, however, is quite opposed to his in this respect; for I have never met with a contagious ekzema, strictly so called, and I cannot help thinking that the cases which he has met with can be explained either on the hypothesis of coincidence, of the disease being syphilitic in its nature, or of the occurrence of ekzema as a complication of one of the parasitic and, therefore, contagious diseases of the skin."

I never suggested, however, that it was an ekzema.

In the JOURNAL OF CUTANEOUS MEDICINE for April, 1868, Mr. Erasmus Wilson quotes his opinion, and comments upon it as follows:—

"Dr. Tilbury Fox, it is truly said, has described an eruption under the name of 'impetigo contagiosa,' which we ourselves have noticed as impetigo phlyktænodes. This is an eruption by no means rare in London, especially among the poorer classes; is distinctly epidemic, very commonly runs through a family of children, and has not a single feature of resemblance with ekzema; neither is it syphilitic, nor has it any relation with that unknown quantity, called 'parasitic.'"

Since the time when the above statements were made, my friend Dr. Anderson favoured me with a visit to the Skin Department of Charing Cross Hospital, and I was enabled to show him two cases of the contagious impetigo. He very readily admitted that the disease was possessed of special characters, that it was not ordinary impetigo; but he also stated that it was, as far as he had seen, rare in Glasgow, and expressed his intention of investigating the matter afresh. He has, I notice, in his last report of the Dispensary for Skin Diseases at Glasgow, made a separate class of affections under the heading "Impetigo contagiosa," having met with seven cases of this disease. I venture to think that there can be no longer any doubt upon the subject.

My reason for pressing this disease upon the notice of the profession is the fact that, when once recognized, it is readily cured by local means; but when regarded as a pustular ekzema—an ordinary impetigo—and treated as such, it may and does last mostly for a long time, not yielding to the

remedies generally employed for ekzema and its allies. I now proceed to summarize the salient features of this "contagious impetigo."

DEFINITION.—Broadly described, the disease is often epidemic, varying in severity both as regards general and local manifestations at different times. It is pyrexial, markedly uniform as to its eruption, which is at first coarsely vesicular, the vesicles, or minute bullæ, being distinct and separate, and quickly enlarging into flattened bullæ, which are replaced by flat yellow crusts. The mucous membranes are not unfrequently implicated, vesico-pustules developing upon them, especially those of the eye. The disease tends to run a definite course. It is contagious, the secretion furnished by the eruption being capable by inoculation of producing the disease in unaffected and healthy subjects.

CLINICAL HISTORY.—I. *The Attacked.*—The disease is mostly found amongst the lower orders, and almost always the children,—those, indeed, who attend as out-patients at hospitals and dispensaries; but I have seen it in children of best position. The cleanliness and care exercised with the latter, however, suffices to prevent self-inoculation (by which the disease is so frequently spread and prolonged). The disease as a rule in the better classes is therefore much more definite in its course, whereas amongst the poorer folk the overcrowding and huddling together of their children sufficiently account for the inter-transmission and long continuance of the disease. But even with these it is not the specially unhealthy that are attacked; the well-nourished, those of whom mothers say, "He has never had a day's illness in his life," and who are "as hale and hearty as a child can be," are frequently affected. I lay great stress on the special opportunities and the absence of preventives of contagion amongst the lower orders as influencing the occurrence of the disease.

II. *The Pyrexia* may be very severe: I have seen it accompanied by convulsions in infants. When the disease is very prevalent, there is generally smart fever; ordinarily the child looks ill, pale, languid, and has "burning heats" or "cold chills" at night. It is certain that the eruption appears subsequently to disturbance of the system at large.

III. In a day or two *the eruption* shows itself. The face, or the top and back of the head, or the seat of recent vaccination, is the most usual spot at which it makes its first appearance. Mothers agree with peculiar unanimity in describing the spots in the earliest stage as "little watery heads," that speedily enlarge into little "bladders." Many call attention spontaneously to the similarity of the eruption to "pock," and

to "vaccinia." Sometimes the hands are first affected, and the part looks "as if burnt." In other rarer instances the disease shows itself at the seat of "cuts" or "scratches." I have seen it engrafted upon the bite given by an affected boy to his little brother. But wherever it first shows itself, it extends to other parts, and in no little degree in consequence of the conveyance of the secretion from part to part (head to hand, for instance) in the act of scratching (auto-inoculation), which readily, as before observed, masks the otherwise pretty definite cause of the disease. The vesicles, or phlyktænæ, as they may be termed, are usually isolated, but on the face they may, in consequence of their number, run together; the real character of the eruption, however, is always seen at the edge. In five or six days the bullæ, or phlyktænæ, reach the size of a three, four, or sixpenny piece, and if unruptured, in some cases a large size may be attained; but in all cases the centre is depressed, umbilicated, and the contents become opaque. The secretion examined microscopically presents numerous inflammatory, and at a later stage pus cells and homogeneous material (lymph).

4. *Scabs* commence to form two or three days after the appearance of the vesicles. They are characteristic, being of the size of the area of the bullæ, flat, straw-coloured, dry, granular-looking, and appearing "as if stuck on." The disease is, in fact, superficial; in the slighter forms there is no inflammatory areola, but in the severer cases this is not so; there is a zone of redness; when removed, beneath are seen little superficial ulcerations filled up by viscous secretion, "gummy-like," not truly pustular, and at the bottom is often a little *bouton* of lymph. There is no unpleasant or offensive smell about the eruption, the scabs are not dark; there are no pediculi. The disease is characterized by a certain amount of activity and vigour which remove it from the category of "asthenic" or "aplastic" affections, and this is important to recollect when a comparison is instituted between it and ordinary purulent ekzema, or it is suggested that the inoculability of the secretion is due to its formation in the tissue of a cachectic subject. On the head the spots have the same characters as those elsewhere, but the hair is somewhat involved in the circular-crusted flattened patches which are *isolated*. The negative evidence is important. The uniform character of the eruption supposes the absence of papules during the height or progress of the disease, and this is so, and bears an important relation to the distinction between this disease and ekthymatous scabies, with which I believe it has been and is very frequently confounded. I have said the mucous surfaces may be affected, small ulcers

on the conjunctiva and the nostrils may follow the appearance of an eruption identical in nature with that seen on the skin. A child so affected may seem to be suffering from ordinary purulent ophthalmia. The subjective symptoms of the disease are negative; itching only occurs at the outset, and then it is slight.

5. *Complications.*—The disease may occur in conjunction with many other forms of cutaneous mischief—with scabies, ekzema, and ekzema impetiginodes particularly. The latter is well seen in the plate "Porrigo" of the New Sydenham Society.

DIAGNOSIS.—The direct guides to the disease are its apparently epidemic character, in many cases; its attacking children, perhaps several in a family; the antecedent pyrexial affection of the general system, clearly of acute production; the presence of the isolated flattened light-coloured "stuck on" scabs, replacing flattened bullæ which have developed from well-formed vesicles; *the uniformity* of the eruption; the eminently contagious nature, and the inoculability of the secretion; the absence of pain and any itching of consequence save occasionally at the outset.

There are four or five affections which are likely to be confounded with "contagious impetigo"; they are ekzema, pemphigus, ekthyma, pustular scabies, and impetigo sparsa. The discrete character of the eruption, the peculiar crusting and the facility of cure, at once distinguish it from ekzema, nor should any difficulty occur in regard to pemphigus, comparatively a rare occurrence, with its persistent and distended blebs with watery contents; the non-contagiousness, together with the absence of the peculiar scabs suffice. Ekthyma is primarily a pustular disease, and, when uncomplicated, is seen mostly in adults; the tissues of the skin are more profoundly affected; there is much induration and redness; it is not contagious, but is accompanied by pain, and possesses large, hard, dark, and adherent scabs. In regard to pustular scabies more difficulty exists; where several members of a family are affected by contagious impetigo, the thing may look very much like scabies. But the one main feature of the impetigo is its *uniform* character, contrasting strongly with the *multiformity* of scabies, which exhibits papules, vesicles, characteristic acarian furrows, is very itchy at night, which is not the case with the other disease, and if ekthymatous, has dark crusts, altogether different from those of the contagious impetigo,—points of distinction sufficiently clear, even when the seat of mischief is, as is often the case with both diseases, about the feet. Then the impetigo affects the face and head markedly, has such peculiar crusts,

and a bullous origin, and none of the subjective phenomena of scabies, which, moreover, in its ekthymatous variety furnishes plenty of evidence of acari in the crusts formed on the surface, if these are softened up and examined microscopically. Inoculation, too, is another test. Impetigo sparsa is an affair which somewhat bewilders me: if by it is meant a small patch of ekzema impetiginodes, then I understand what is meant, but not otherwise. My belief is that under this term has been included, amongst others, the disease which I am now discussing, in entire ignorance of its real nature. Such is a mere sketch of the clinical history of the disease. Viewing it as a whole, it is impossible not to recognize some analogy between its more marked forms and such a disease as varicella, but I forbear to enter upon this topic here. I may, however, be allowed to mention some additional evidence in favour of the inoculability of the disease. I have frequently produced the disease by inoculation, and extended the inoculation to a second series; this I did at the Farringdon General Dispensary some years since, and have repeated the experiments at Charing Cross Hospital and elsewhere. About two years since, a colleague of mine, who was sceptical upon the point, put it to the test within the view of myself and a friend—by auto-inoculation. Here is an account of the matter:—On Tuesday, October 23, 1866, the palmar surface of the left wrist was inoculated with lymph taken from one of several spots of "impetigo contagiosa" of the face in a strong young man, otherwise in every respect perfectly healthy; on the 25th, Thursday, there was distinct evidence of the success of the operation, and the following day, although there were no clear signs of pustulation, a hard irregular crust had formed, about the size of a split-pea; it was of yellowish colour, and adherent; around it was a slight areola of redness, a quarter of an inch in diameter, the whole being raised slightly up into "a dome-like prominence" a few lines high. There was a little stiffness about the fore-arm, and a slight feeling of heat on the 26th and 27th, *i.e.* the Friday and Saturday. By the 28th, Sunday, the swelling had shrunk, the redness faded, and there was no prominence save that of the crust itself. The secretion beneath the crust was inoculated on the Saturday (27th), and in two places at twelve merid. about the same time the next day (28th), a distinct inflamed appearance was seen; the next day slight crusts had formed: these were much larger than could be accounted for by ordinary wounding or scratching, and from beneath them when disturbed, exuded a very pale serosity. On Monday, 29th, there was uneasiness about one of the two inoculated spots, and then a small ragged pus-

tule had formed; pale fluid was let out with a lancet, and the secretion, examined under the microscope, exhibited small irregular inflammatory globules, and large cells with a clear outline and transparent centre floating in a colourless fluid. Next day, the 30th, uneasiness was again experienced about the seat of the inoculation, and on this occasion pus was obtained. On November 1st the spots had commenced to dry up and shrivel, the crusts on being lifted off exposed a dryish red surface; but under the crusts of the original spot, which had not been interfered with, a puriform fluid existed. Suffice it to say that re-inoculation led to the production once more of two distinct vesico-pustules, with heat and discomfort in both, and in one to the subsequent formation of a characteristic crust. The disease was then destroyed by a solution of caustic applied to the raw surface beneath the scabbing. These facts are very briefly stated. Had the inoculations been made upon a child, the result would have been more marked; but in adults the disease does not tend to show itself with any emphasis. My last experiment was made at the time of Dr. McCall Anderson's visit to me, on which occasion I showed him a spot on the arm of a young girl, of twelve or thirteen years, which had resulted from inoculation two days previously; the spot being at that time the size of a split-pea, and presenting the aspect of a small bulla filled with opaque fluid, and surrounded by a slight inflammatory band.

Now one word by way of application as regards experiments. No doubt the same general cause which gives rise to the disease in one member of a family may, and often does, produce the disease in others of the same household; but making due allowance for this, it is certain that *contact* of the unaffected with the affected is also, in many instances, the true means by which the disease is spread from child to child, or child to parent, &c. I have examined most carefully the secretion which has been used in the inoculations, and can find nothing to account for the contagiousness save the cells and the fluid in which they float. A main portion of the curative measures that should be adopted, consists, therefore, in negativing the activity of the secretion closed in by the crusts, or, more correctly, annihilating the power of the surface beneath the crusts to form an inoculable secretion, which, transferred from spot to spot in the same person, prolongs the duration of the disease, or in the case of different subjects, increases the number of the attacks. I now append a selected series of cases which have come under my notice during the last two or three years, and, as far as possible, I have allowed the words of others to describe the particulars of the cases. With regard

to the frequency of the disease, I may state that it occurred in thirteen out of the first 300 skin-cases that came under my care at Charing Cross Hospital in the spring of last year. But then the disease had not been so prevalent as at other times.

Cases.—I. November 1st, 1866, Charlotte B., aged 2 years. Three weeks since the mother, on going into the country to bring the child home after a stay there of three months, found the little girl "poorly," and the next day noticed a little spot on her hand "like a small cut." At the end of the next four-and-twenty hours the spots "began" to come all over her, just like a child after it had been vaccinated, "just like the arm would rise." Spots appeared in the face, about the eyebrows, and on the chin, and these lasted eight or ten days, then "a place came on one of the fingers, not quite like a gathering, but a bladder, like a burn, as you may say." Fresh spots continued to appear on different parts of the body. There were at the time of observation a dozen isolated spots on the head and back of the neck the size of threepenny-pieces, with red raised edges, depressed and puckered in centres. The mother called attention to their similarity to vaccinia. *On each forefinger* were two spots—one on each finger; the one was bullous, the other like a burn. It appeared on the site of a scratch, and was about half an inch long, with a red raised border and a puckered-in central line. On the buttocks were two spots, like vaccinia, and several smaller ones. All these places came out as little bladders. The pyrexia had passed away. There were no papules, no linear scratches; the eruption was uniform; there were however dull red stains left by old spots. She had not been vaccinated since early life.

A brother, Charles, aged 9 years, had one spot on the face, of the size of a large split pea, and one on the head, which was covered by a flat scab. On the forefinger of the left hand was a third spot. It subsequently turned out that the mother had a bladdery place on the thumb of the right hand; "it came out like a bladder;" and one of the children, away in the country, has exhibited the disease likewise.

II. This was a case of twins, 11 months of age, about the same date of observation as the last case. On October 1st, 1866, the babies were vaccinated, and the vaccine vesicles never properly healed up. On October 25th four large umbilicated spots appeared at the site of the vaccination, and a week afterwards several smaller places made their appearance around the four just referred to. Therefore from the scarred vaccinia spots arose this "phlyktænoid" impetigo, which presently scabbed in a characteristic manner. On the arm of one of the children, about the elbow, were three places of the size of threepenny-pieces. By proper treatment the disease was nearly well on November 1st.

III. The following shows a whole family affected:—

1. Charles W., æt. $6\frac{1}{2}$, was attacked two months ago. One spot appeared on the face, when the disease spread to the nose and the head. The mother says that "it came out in white blisters," which seemed to get much worse when scratched. At the present time the boy has several places on his head, one

on his thumb, a circular scabbed flattened pustule, with a well-defined red raised edge.

2. Charlotte W., æt. $2\frac{1}{2}$, was attacked, six weeks ago, about the chin. Little pimples with watery heads appeared, ran together, discharged, and crusted over. The disease spread all over the face and to the head. The arms, the legs, and the chest were also studded over with spots; the vesico-pustules showed on the legs last of all, where they are very distinct: there are spots also on the buttocks, on the side, and on the back of the wrists. Nothing between the fingers.

3. Ann W., æt. 4, was attacked three weeks since, on the knee first of all, a place about the size of sixpence showing itself and scabbed over, taking the form of a blister first of all. She also has one spot on the head, one on the neck, and a large one on one of the elbows.

4. James W., æt. 11 months. The disease first came on one of the fingers. The mother exclaimed one morning, "Why the boy has burnt his finger," on seeing a spot which had appeared. The next day, however, the face and the head became affected; the whole of the two cheeks of the face now are scabbed over by a granular light yellow crust; there are three small spots the size of split peas over the right eyebrow; three more higher up on the forehead in the centre. The scalp is studded over with separate and distinct scattered circular flat scabs. On the right arm are two large spots the size of sixpences over the elbow, two on the back of the forearm, and four on the back of the wrist, two on the upper part of the left arm, one at the back of the left forefinger and left little finger, and one on the back of the wrist—all characteristic. The spots on the forehead remind one very much of those seen on the cow's udder in cattle-plague. On the legs there are a few pustules, a large one on the right thigh, two small ones on the left thigh, and a cluster of six on the front part of the left leg just below the knee.

5. The mother has a circular sore under the eye that came as a small pimple, and an inflamed conjunctiva, two circular red-margined and flattened scabbed spots on the back of the right hand, one on the foot, and one on the neck, which pain and smart a great deal.

6. The husband has several spots on the throat and on the cheek, and he feels very feverish and ill. It should be stated that at this time the disease seemed to prevail epidemically.

IV. George S., æt. 9 months, was vaccinated two months since. When the effects of the vaccine inoculation were disappearing, the mother says "his chin broke out," then his feet, along the side of the toes, and over the sole of the foot; this was accompanied by feverishness, and the child looked and felt ill. At the same time several small, isolated, watery heads appeared on the scalp, and quickly scabbed over; subsequently the hands were affected, especially the part between the thumb and forefinger; the hands are now very hot.

A child, "living next door," who plays with George S., has the disease about the head and face, and appears to have caught it from George S. It cannot be held that this has any relation to scabies. It had none of the primary phenomena of that disease.

V. C. P., æt. 6, appeared suddenly out of sorts and feverish. The mother

then noticed a little spot, like a very small boil, on his head, which got very much larger after being scratched. It itched very much indeed, especially at night. Two months ago he had "bad pock"; the mother says the doctor called it chicken-pox. All the children in the house had it; but after two or three weeks all trace or remnant of ailment had gone, with the exception of a breaking out on the head of one little boy. The mother has had several spots on her fingers.

VI. Phœbe C. was ill two months with impetigo contagiosa of the face and the knee. Suddenly the eye inflames, and an ulcer, commencing as a pustule, appears on the inside of the lower left eyelid. This little girl communicates the disease, by kissing, to her little brother.

VII. Margaret L., æt. 3. September 21, 1866, the disease attacked the face, cheeks, and both arms. The spots are discrete, isolated pustules, the size of threepenny-pieces; the mucous membranes of both eyes are inflamed.

VIII. Sept. 14, G. M., a boy, hurt his ankle with the wheel of a truck. Three days afterwards, "festery heads" appeared, and now over the ankle are eight or nine circular spots of porriginous character, forming into a patch. There is one spot on the knee, and one on the arm of the left side. They are solitary, and his mother says "they come out like the heads of smallpox, or some large pock, with humoury heads." The solitary pustules are not surrounded by any other eruption, papules, or the like; the pustules do not arise from out papules, but little blebs, which quickly become ekthymatous.

IX. M. A. C., æt. 10, in 1867, had scarlet fever three months since, and has been away in the country for five weeks, no children, however, being in the same house with her. On her way to Oxford she noticed a single spot on the right hand between the fingers; it itched at first a good deal, and very quickly scabbed; afterwards it gave her no pain, nor did it itch. At present, between the fingers are five circular scabby patches, the size of a split pea, of impetiginous character. There is no eruption (nor has there been any) on the forearm, but one spot is seen at the point of the elbow; on the left hand are none; on the back of the elbow is a patch made up of honey-like crusts, and the running together of separate points. Around are several isolated upraised pustules, with elevated edges and depressed scabbed centres; no pain or itching. On the face, about the right cheek, and on the chin, are seven isolated and characteristic spots—one on the forehead; one on the head, at the hinder part; and three spots on the back.

X. In April, 1868, I was enabled to show my friend Dr. McCall Anderson, in my clinique at Charing Cross, a boy about 9 years of age, who had some half-dozen well-marked spots on the left flank and about his arms; the eruption was perfectly uniform in its characters, consisting of large round blebbed formations, without much redness around their circumference, and giving place to flat, light yellow "stuck-on" crusts. But also on the sister's arm the inoculated disease.

XI. The following is taken from my private note-book. B. G., æt. 9 years, was brought to me in the beginning of 1867. Three weeks before, a small place showed itself on the chin; a week afterwards a second appeared on the wrist, and this has now lasted a fortnight. The place is circular, of the size of a sixpenny-piece, with a slight red margin, a raised circumference, and a

depressed centre. It is crusting over. On the chin are three light yellow crusted patches, of characteristic aspect. The boy is quite healthy. The sister has had one spot below the knee, and the mother has been suffering from a whitlow.

We may well note in all these cases how frequently the face and head are affected, and how markedly in this respect the disease contrasts with ekthymatous scabies.

Treatment.—I never find any difficulty in curing the cases, mainly by the use of a weak ammoniochloride of mercury ointment applied to the ulceration beneath the scabs. It certainly alters the character of the secretion, which is no longer inoculable, and disappears rapidly. I regard impetigo contagiosa as one of the most satisfactory diseases to treat, on this account. With regard to internal remedies, they avail little. Occasionally salines are needed at the outset, and tonics in weakly and strumous subjects; but as a rule the ointment named suffices for all purposes.

In conclusion, I may be permitted to repeat that I do not confound the separate influences of the contagious quality of the disease and the general mode of causation when contagion cannot come into operation; but I think both have their share in the spread of the disease. Impetigo contagiosa does seem to me to be a very well-marked, definite, and uniform disease of pyrexial and contagious nature—one which is unrecognized save by one or two practitioners, but one fully deserving, on account of its frequency and ready curability, of every attention at the hands of the profession. It would be very interesting to enter into an examination of the exact nature of the disease. This I reserve for a future occasion. Finally, I may say that in not a few instances has it seemed to me more than probable, and in one case it was certain, that this impetigo contagiosa, especially occurring after vaccination, in a somewhat unusually severe form, has been regarded as syphilitic. In one case I know that this mistake was actually made. It is readily accounted for by the fact that the contagious impetigo is an unknown disease, and by the custom of attributing any "unusual" ulcerative disease in children to syphilis.

ON XANTHOMA, OR VITILIGOIDEA.

By William Frank Smith, M.B.; Lond. F.C.S.; Physician to the Sheffield General Infirmary; late Physician to the Public Hospital and Dispensary; Lecturer on Medicine at the Sheffield School of Medicine.

HAVING now for some time had under my care, under circumstances exceptionally favourable for observation, a typical case of Vitiligoidea, or Xanthelasma, I have thought well to relate at some length the details of the case, and to express the opinions which I have been led to form on the nature of the lesion, both from observation of this particular

case and from a study of the descriptions of the disease as given by Addison, Gull, Wilson, Hebra, Murchison, Pavey, and Hilton Fagge. I will first relate my observations of the case, and in the next place advance my opinions on its nature and etiology.

Charlotte Scott, aged 28, admitted under my care at the Sheffield General Infirmary, February 26, 1869. Had previously been among my out-patients at the Public Hospital and Dispensary; always a delicate person. In the six years of her married life she has had six miscarriages, and no living children. She had, however, no positive symptoms of disease until five years ago, when, on an abortion of twins, at the seventh month, preceded and followed by severe hæmorrhage, ensued a *jaundice*. The discoloration spread *gradually* over the whole integument; the conjunctivæ were affected. Saffron urine, pipeclay stools, hepatic pain, and tenderness were present. The jaundice has persisted up to the date of her admission. While under my care at the Dispensary she was treated with 30-grain doses of chloride of ammonium, and ʒij doses of succus taraxaci. The jaundice decreased, and the urine became natural in colour.

There is no history of acquired or congenital syphilis in herself or her husband; no hereditary predisposition to any form of skin disease, to tuberculosis, gout, or rheumatism. Since the appearance of the jaundice, she has suffered from anæmia, with debility and melancholy, unrelieved by tonics. On admission she presented the following conditions:—(1) Circulatory System.—Heart sounds normal; pulse weak, 84. (2) Respiratory System.—Normal. (3) Digestive System.—Appetite generally fair; stools, pale yellow or white; constipation; no alteration from the normal in area of splenic and hepatic dulness. (4) Genito-urinary System.—Careful examination, ocular and digital, afforded no clue to the cause of the frequent abortions. The urine was not carefully examined when the patient first came under my care. On January 30th, 1869, I find the following note:—* "Urine Sp. G. 1106.—Straw-coloured, albuminous; no bile reaction; no sugar; no leucine; no tyrosine; no bile acids. Microscopically, a few blood-cells and exudation corpuscles; one convoluted faintly granular cast; and an echinococcus hook." How this latter got into the specimen I know not; I had been examining some cysticerci a month or two before, and it is *just* possible that one may have been introduced by

* I subsequently examined the urine, and found it Sp. G. 1019, perfectly normal, yielding no cholophæine when agitated with chloroform.

accident. (5) Nervous System.—Beyond the depression and melancholy, no positive symptom. Fundus oculi on examination rather anæmic; not otherwise abnormal. (6) Cutaneous System.—The vitiligoid eruption made its first appearance upon the upper eyelids, in the form of white lines. On admission the upper eyelids have been transformed into smooth, slightly elevated patches, yellowish-white in colour; at the inner angles a few tubercles, small and white.

While under observation she had an attack—a severe one—of facial erysipelas, and it was interesting to observe how the eyelids stood out, like white islands, from the surrounding red. The deposit had compressed the cutaneous capillaries to such an extent as to render hyperæmia impossible.

On the hands the eruption first made its appearance in the form of yellowish-white lines, slightly elevated, corresponding with the flexure lines on the palmar surface of the phalangeal joints, and along the flexure lines of the palms, mapping out these furrows in a curious manner, most favourable for chiromancy. The intervals between the phalangeal joints (on the palmar surface) are occupied by elevated yellowish tubercles, having the aspect of smallpox pustules after the rupture of the frænum, and, indeed, at first sight more than once mistaken for them. These tubercles are scattered over the whole palmar surface, as far as the wrist joint. On the dorsal surface they are *confined* to the fingers.* The nails are healthy.

After the hands, the next point at which the eruption is prominent is the elbow joint; on the flexor side (in each limb), in the form of ridges; on the opposite aspect, in the form of tubercles.

On the feet, again, it is abundant; most so at the heel, ball of great toe, and dorsal surface of the toes. The nails are healthy. The eruption is here tubercular.

* Dr. Smith's paper was accompanied with a photograph of one of the hands, and we regret very much that our arrangements do not permit us to publish it. The palmar surface of the hand, and especially of the fingers, is covered with closely-set tubercles, rounded on the summit and resembling the projection of shots under the epidermis. The tubercles, which appear to be of the size of the hemisphere of a mustard-seed and somewhat larger, have a tendency to range themselves in the direction of the folds of the skin, in close proximity with the lines of motion; and in the latter position there is a tendency to the fusion or blending of the yellow tissue, so as to constitute plates; thus establishing the twofold character of the morbid manifestation, namely, xanthelasma or xanthoma papulosum and laminosum. It is clear that Hebra's view of the pathological nature of the affection is altogether incorrect.—EDITOR.

The skin of the legs is rough and harsh. A large group of papulæ exists on each patella; none in the popliteal regions; a few on the hips.

Lately, a few faint ridges have made their appearance in the neighbourhood of, and parallel with the clavicles; the disease here, as elsewhere, retaining its character for symmetry.

In speaking of the digestive system, it should have been mentioned that beneath the lower incisors and canine teeth the deposit occurs in the mucous membrane of the gum.

On page 128 of "Hebra on Diseases of the Skin," vol. i., occurs this passage:—"Now I cannot but think that if Mr. Wilson had made an incision through the tubercle, instead of simply pricking the cuticle over it, he would have adhered to his first opinion," *i. e.*, that it was a kind of Molluscum sebaceum.

Now, in the case of my patient, I did make quite a free incision; the tubercle bled very freely; indeed, I had to apply nitrate of silver before I could arrest the hæmorrhage; but nothing at all like sebum could be squeezed out of it. I likened it to a minute vascular fibro-cellular tumour.

Some few days back I froze one of the tubercles on the back of the hand, cut it off with a scalpel, and with a Valentin's knife made a thin section.

The cuticle was hypertrophied to nearly twice the thickness of that covering the adjacent skin. The rete mucosum was hypertrophied to about the same extent, and was stained with a yellow colouring matter, soluble in æther. The corium, also hypertrophied, made up the rest of the tumour. The corium was densely corpusculated; the corpuscles of irregular shape and size, non-nucleated, apparently consisting of connective tissue germs; but on soaking the tissue in æther about half of them disappeared, still leaving a great number of irregularly-shaped granules in the meshes of the areolar fibres. In the centre of the tumour a sweat-gland was evident; but owing either to infarction, or to an accident in the section, the outlet was not visible.

I have noticed on another occasion, when examining the palm with a magnifying-glass, that while the rest of the palmar surface was studded with beads of sweat, only one or two open orifices could be seen on the vitiligoid patches; but one or two there were.

The tubercles on the hands were tender, and became painful if any hard substance were held in the hand for any length of time. For example, she was unable to use the scrubbing-brush in cleaning her house. The tubercles on the knees also

were tender, and prevented her from kneeling on the floor. During the early stages of the disease there was severe tingling of the skin—at times actual itching, a true icteric prurigo.

The hairs of the eyelids were unaffected; the hair of the scalp thin, deciduous, but not more so than might have been expected from her anæmic condition.

Certain facts, negative and positive, are added by this case to our knowledge of the disease. Others previously known are confirmed. Negative.—(1) Absence of implication of the hairs. (2) Absence of increase or decrease of the area of hepatic dulness in one well-marked case. (3) Absence of any implication of the tendons, or periosteum, or of the retina.

Positive.—(1) Definite conclusions as to the histological nature of the disease. In this I find I have been partially confirmed by Dr. Hilton Fagge, in a memoir read before the Pathological Society; of which memoir, however, I was not aware at the date of my own observations. Dr. Fagge found the tumours to consist of fibrous tissue and fat, but, I believe, did not push the inquiry beyond that point. (2) Presence of the affection of the buccal mucous membrane first pointed out by Dr. Hilton Fagge. (3) Presence of a temporary albuminuria.

Reviewing this case, and the cases recorded by the authorities above mentioned, one thing is evident, that some relation exists between this form of skin disease and some morbid condition of the liver. The questions that remain are (1) What is the morbid condition of the liver? (2) What is its relation to the skin affection?

At first I anticipated some condition analogous to acute atrophy of the liver. The occurrence of the disease so much more frequently among females than among males; its occurrence in several cases in the puerperal state; the absence of any other explanation; suggested this to me.

But the absence of leucine, tyrosine, and bile acids from the urine, as shown by my case, and by the completer and more satisfactory analyses by Dr. Stevenson in Dr. Fagge's case, negatives this view, though at the same time it indicates that it is not a jaundice by obstruction, and consequently must be a jaundice by suppression. What is the cause of that suppression? It is not congestion, active or passive, not cirrhosis nor cancer, nor amyloid degeneration. It is not such a cause as would arrest the glycogenic or fat-producing function of the liver; if it were so, the emaciation would be greater, the duration of the disease would be bounded, sooner or later, by death, not prolonged indefinitely. It must, then, be one of

two things; namely, a definite but unknown histological change of that part, or rather of those elements, of the gland whose office it is to excrete bile pigment, or a prolonged enervation.

The second question is—What is the relation of this condition of the liver to the skin disease? And the answer seems to me to involve one of the most important points in dermatology—the relation of some diseases of the skin to the diseases of the glands, whose function is complementary to that of the skin. I have already offered some suggestions to the Profession on this point in the case of ekzema; though from the poverty in skin diseases of my field of observation, I have not been able to follow up the clue at present.

In a clinical lecture by Trousseau on endoral exanthems are to be found some highly suggestive remarks bearing upon this. Among other things, he speaks of the exanthem which occurs in some subjects after the exhibition of opium. He considers that in this case the drug is being eliminated by the sweat-glands, and that in the process of elimination it acts as an irritant and produces the eruption. I venture to doubt this interpretation of the phenomenon, and believe that in the following explanation of it lies the key to the pathology of vitiligoidea. Opium produces constipation: why? partly by arresting the peristaltic movements of the intestines, but partly also by its specific action on the liver, it in some way or other, probably by enervation of the gland, arrests its function of excretion: the pale stools which follow its exhibition in many cases, prove this. The bile pigment, debarred from its usual exit, is eliminated by the skin—hence the pruritus and occasional erythema. Now I believe that in the diseases we are discussing some such arrest of biliary excretion occurs; it is prolonged over months and years, and instead of the fugitive exanthem we have the tubercles and plates of vitiligoidea. The skin is not the only organ engaged in eliminating the *materies morbi;* the kidneys also separate it in large quantities. In my case unmistakeable signs of renal irritation were at one time present, and I venture to predict that the *post-mortem* examination of the case will show a condition of these organs analogous to that of the skin and buccal mucous membrane.

It may be objected that jaundice may exist for long periods without the production of any cutaneous lesion. But it is to be remembered that long-continued jaundices are generally due to organic lesions tending to death and altering in their course the whole nutrition of the body, while the jaundice of Vitiligoidea is *sui generis,* extends over years without any

apparent tendency to death, and seems to be, if I may use the term, a pigment jaundice alone. Again, as this peculiar species of jaundice is rare, it is probable that the condition of the cutaneous tissues which predisposes to this peculiar hyperplasy is rare also.

ON ONYCHIA.

By BRICE SMYTH, A.B., M.B., M.C. Dub., M.R.C.S.L., Surgeon to the Belfast General Dispensary.

THIS disease is considered to be an inflammation of the matrix of the nail, arising from local or constitutional causes, and is generally divided into two forms, the simple and the specific or malignant.

The Onychia simplex is accompanied with little or no constitutional symptoms; there is swelling, redness, and heat, usually at one side of the nail; it generally undergoes some structural change, becomes shrivelled, altered in colour, and usually thrown off, a new nail forming beneath it. This disease is mostly the result of some injury, or may be caused by the nail growing into the soft tissues. It usually becomes well by keeping down inflammation with poultices or water-dressing, and attending to the growth of the new nail.

However, it is about the malignant form of the disease that I wish more particularly to write. As one of the surgeons of the Belfast General Dispensary, I come in contact with a great number of these cases, and my friend Dr. H. S. Purdon has informed me that he frequently meets with it at his Hospital for Cutaneous Diseases.

It is more common in Belfast than in any other of the large manufacturing towns of England or Scotland; and this I attribute to the fact that the workers in the flax-spinning mills of Belfast usually go barefooted when at work, while at Leeds, Dundee, and other centres of the flax-spinning trade, they are accustomed to wear clogs or shoes. I have observed that the disease usually attacks girls of a strumous or cachectic condition of system, and always those employed in the spinning-room; the nail of the great toe is the part usually affected. The disease is caused by the so-called "poisonous" action of the hot and contaminated water that is always lying on the floor of the apartment, this water having been rendered irritating by the action of the brass and other metals that compose the machinery; the feet of the workers are constantly bathed in this noxious fluid, which finding its way under the body of the nail, or from slight

injury to the part, causes that painful and tedious inflammation and consequent death of the nail which I designate Traumatic Onychia.

The constitutional symptoms in these cases are usually well marked. The workers employed in the spinning-room being constantly breathing a vicious atmosphere charged with vapour, at a temperature something about 80 Fahrenheit, they become anæmic, pale, and consequently predisposed to those diseases arising from such a state of the system.

The treatment of this form of Onychia must be both local and constitutional. The plan recommended by Dr. H. S. Purdon I have found very successful: excision of the nail, followed by a lotion of one drachm of Fowler's solution to two ounces of water. Sir William Fergusson recommends, if the disease be seen in the earlier stages, the nail to be properly pared, or a section to be taken from it, and an application of nitrate of silver to the diseased part: this will frequently bring about a healthy action without having recourse to removal of the nail. With regard to the above plans of treatment, I have found in the majority of cases occurring in mill-workers there is more or less "nervous irritability," and in such individuals irritating applications tend to increase the local disease; consequently I have found that the use of opium as a constitutional remedy and local application is the drug that I would place most reliance on in the earlier stages. When the nail has to be removed, which in the majority of cases is uncalled for, the ether spray should be used, when either excision or the old method of evulsion can be practised. Dressing the raw surfaces with carbolized oil, prescribing for the patient cod-liver oil and iron, will usually bring about a speedy cure.

STATISTICS OF CUTANEOUS DISEASE AMONG THE WEALTHIER CLASSES; as deduced from the Analysis of 10,000 Consecutive Cases. By Erasmus Wilson, F.R.S.

FAMILIARITY with the phenomena of disease is one of the aims and purposes of medical study. To attain this familiarity it is necessary to investigate disease from every possible point of view; and not least in importance of the various modes of searching into the peculiarities of morbid manifestation is the method by statistics. With the aid of statistics we may determine the relative frequency of

diseases, their duration, the period of life at which they make their appearance, together with their curability and their fatality. On the present occasion I propose to apply this method to the diseases of the skin, such as they are presented to me in my own practice, and, consequently, such as they occur among the wealthier classes of society; and I may add such in general as permit the patient to visit the medical man in his consulting-room. In this respect the cases correspond in some degree with the out-patients of a hospital; but differ from the latter in presenting, among others, forms of disease, the removal of which may be regarded as a luxury rather than as a necessity. While, on the other hand, they omit clinical diseases, such as the exanthematic fevers, anthrax, and erysipelas, which confine the patients to their home, and minor affections, which are customarily treated by the general practitioner.

My present analysis is devoted to *ten thousand cases,* carefully registered and taken in successive order, and from the wealthier class of society. It would be interesting to compare them with a similar number of cases occurring in the practice of a number of medical men residing in the same town, where both chronic and acute affections were registered; or with hospital cases occurring among the out-patients alone; or among the out-patients and the in-patients taken together. There can be no doubt that these various sources would exhibit characteristic differences, and these differences would be deserving of our observation and contemplation. If we are interested in inquiring what the kind of cases may be which find their way to the consulting-room of the dermatological practitioner, what their denomination, and what their proportion numerically, the answer is before us, and deduced from a total number which offers a certain warrant for accuracy. But, nevertheless, this is no more than the experience of one man, in a single city; and the experience of many men, and in various cities, might give a difference of result. I ask, therefore, that my statistics may be taken for just so much or so little as they may be worth, while, in the particular case, I pledge myself to their accuracy.

The first thing, probably, that will strike the student is that in 10,000 cases of diseases of the skin, there are found *ninety-two* distinct varieties of disease; and in the next place, he will be struck by the overwhelming preponderance of certain diseases in comparison with others. In the *first* table the diseases are arranged in alphabetical order, as being the most suitable for reference to a particular affection. In the *second* table they are placed in the order of their *fre-*

quency; and it is here that our attention is especially drawn to the characteristics of these affections.

If our investigation lead us to the inquiry, What are the most common diseases of the skin? we are met at the top of the numerical list by extreme numbers, such as are represented by ekzema, by scabies, by alopekia, by gutta rosea, by lepra, by akne, and by dermato-syphilis. But as we descend in the column we are made aware that certain other very common diseases are represented by disproportionately small numbers; and if we seek for the reason, it becomes evident that some are too unimportant to lead the patients to seek for special aid; while others are so grave that clinical rest is unavoidable, and they fall into the category of hospital in-patients, and are treated by the general practitioner. We have, thus, presented to our notice three groups of common diseases of the skin; namely, (1) such as may be regarded as ordinary; (2) such as are trivial; and (3) such as are clinical. And this consideration leads to the conclusion that besides *common* diseases there are others which are *rare;* the latter being on the one hand indigenous, and on the other exotic.

It follows from this review of our statistics, that they will be found to be most true, where, indeed they are most valuable, namely, in their relation to the common ordinary affections, and to the rare affections, both indigenous and exotic; while they will fail in their importance in connection with the two lesser groups of common diseases, namely, the trivial affections and the clinical affections, where indeed they are of secondary value. The data upon which these observations are founded we subjoin in a *third* table.

If we wish to test our statistics by submitting them to the principles of classification, we shall find that in two great primary groups of cutaneous affections, namely, *diseases of inflammation* and *diseases of function and apparatus,* the numbers are respectively 7,100 and 2,900, or in the proportion nearly of 7 to 3. And in reference to the causes of the diseases of inflammation, those of an ordinary nature are represented by the figures 5,808; specific poisons by 385; specific constitutional causes by 869; and traumatic causes by 38.

In a *fourth* table, I have arranged the diseases before us into nineteen groups, representing *the clinical classification* of cutaneous affections; and, in a *fifth,* I have placed the nineteen groups in their order of numerical importance; so that at a glance we may perceive the relative numerical value of each group. By this method, we have brought before us the

fact that the ekzematous affections comprehend more than half of the total number, and the trichopathic affections one-fifth of the whole. The leprous affections remind us of the frequency ascribed to them by Hippokrates in holding a position of about one-sixteenth of the entire number; the eruptions including the ringworm of childhood, amounting to about one-twenty-sixth; and syphilitic eruptions to somewhat less than one-twenty-ninth. Among the rare and exotic affections, it is somewhat remarkable to find the proportion of cases of elephantiasis (Græcorum) to be two in the thousand. It may be mentioned, however, in illustration of this point, that two of the cases occurred in sisters who came from the West Indies, and two others were mother and son from Hindostan.

In Table 2, it will be noted that after scabies, I have inserted the words "estimated" and "actual;" and, again, I have used similar terms in connection with phytosis tonsurans, or common ringworm. These are both contagious diseases, and the individual patient who may apply for assistance, represents, very possibly, one only of several members of a family who may be similarly affected. In an example of this kind I have placed the single name of the patient on the register, to represent the "actual" number of cases, whilst I have taken as an "estimated" number of the whole of the persons affected, four times that number, a moderate and perhaps insufficient proportion; the result being, that while the "actual" number of patients is 308, the estimated number must be taken at a minimum of 1,232. Thus, in the reading of this table, the number of cases of scabies in the 10,000 is 308, whereas the real proportion in such a total should be not less than four times that number, or upwards of 1,200. So, in the instance of phytosis tonsurans, the "actual" number of cases brought under my notice in the total of 10,000, was 252; whereas if we take into consideration the fact that several other members of the family are known to be similarly affected at the same time, we may regard the actual number as one-third of the whole, and estimate the probable number at 756.

As a summary of the conclusions to be drawn from these tables, we may note the great frequency of *ekzematous affections* (Table 5), upwards of fifty per cent., a proportion which with good reason places them in the position of common, indeed of commonest affections of the skin. Then if we turn to Table 4, which exhibits the composition of the ekzematous group, we find pure ekzema still preponderating in the proportion of upwards of thirty-three per cent., or one in three, of the whole of the cases that come before us. The rosy drop of

the face, gutta rosea, follows next in succession; then the follicular congestion and infiltration constituting the type of the papular affections, namely, leichen; next, scabies (actual); and the dry and furfuraceous form of ekzema termed pityriasis; then the superficial sero-pustule of impetigo, a pustulous ekzema; and lastly, strophulus, a papular eruption of infants, allied with leichen.

The frequency of *affections of the hair and of the hair-follicles* next attracts our attention; 1,906 in 10,000, or nearly twenty per cent. of the whole. Of this number, 1,026, or more than one-half, are attributable to loss of the hair, to baldness, progressive and complete, ordinary alopekia standing for 414, and area for 276; while the greater part of the remainder, namely 763, belong to folliculitis, including, besides simple inflammation, akne, sykosis, and kerion. Poliothrix, or untimely blanching of the hair, and trichosis, or excess of hair, fall into the same category, but in diminished numbers, namely, 56 and 26.

Third on our list in point of position, as well as of interest, is the *type of roughness or leprosity of the skin*, namely *lepra*, an eruption no less remarkable for its pathological characters, which identify it with the lepra of the Greeks, than for the blunder committed by our continental brethren in calling it "psoriasis." Lepra, moreover, should acquire a new interest in our eyes from its association with tubercular degeneration and phthisis. Unlike the ekzematous and the trichopathic affections, it represents, not a group of disorders, but a single disease; and it stands in relation with the total number in the proportion of upwards of six per cent.

Next following lepra, and indeed in advance of lepra if we accept the *estimated* in lieu of the actual number, the former being 386 and the latter 890, are the *epidermic affections*, pathologically due to a degeneration of structure of the epidermal tissue, and characterized by a proliferation of the cell-elements, which assume a plant-like appearance, and have been very generally regarded as a fungus plant. This plant-like or phytiform structure has suggested the term phytosis, and the group of phytiform affections includes tinea, favus, and pityriasis versicolor, or, as I prefer to name them, phytosis tonsurans, phytosis circinata, phytosis favosa, and phytosis versicolor. As is well known, I dissent altogether from the theory which regards this phytiform structure as a real fungus plant, which sees in its bud-like cells the sporules of a fungus, which treats of the phytiform structure as a parasite, and the disease a parasitic disease; which regards the transference of its cells (the so-called spores) as the means of contagion of

the disease, and concludes that its cure is the destruction of a plant, and therefore a process which is entirely local. Another point of interest which belongs to this group, essentially a nutritive group, is the fact that phytosis tonsurans is entirely a disorder of childhood, while phytosis versicolor is a disease of the adult. The frequency of the affection, represented by nearly nine per cent., is worthy of consideration, as also is the very considerable number of cases included under phytosis tonsurans alone, namely 756.

Another large and interesting group is met with in dermato-syphilis, constituting the *syphilitic affections* of the skin, three and a half per cent., and, as I have already remarked in reference to lepra, presenting only the manifestations of a single disease.

The *erythematous affections*, including five different pathological forms of disease, are few in number, less than three and a half per cent., for reasons already mentioned in connection with the grouping of cutaneous diseases into ordinary, trivial, and clinical. With the exception of erythema, they are all either trivial or clinical, and consequently in these tables must appear in diminished proportion.

For a similar reason, the proportion of *nutritive affections* is also small, under three per cent., although the group is represented by no less than eighteen varieties of disease. Ichthyodes, although a rare disease in comparison with other affections of the skin, is the most numerous of the list, its number being 46. Kakotrophia cutis, numbering 41, is also rare; but angeioma and myrmekiasmos, numbering respectively 42 and 41, are common, and in many instances trivial. Among the common, but trivial and therefore infrequent, affections may be enumerated :—angeiektasia, 18; nævus hypertrophicus, 14; xanthoma or xanthelasma, 8; clavus, 5; and akrochordon, 4. While among the rare affections are included :—morphœa, 11; atrophia cutis, 7; cicatrices, 5; molluscum areolofibrosum, 5; spargosis, 3; dermato-sklerosis, 2; sauriodes, 1; melanoma, 1.

The group of *strumous affections* is made up of dermato-struma, numbering 41 cases; lupus strumosus, 77; and lupus erythematosus, 78. Of these, the two former can alone be properly attributed to struma; while the latter, presenting only certain of the phenomena of strumous disease, is somewhat remarkable for its frequency. Taking the total number of really strumous affections, namely 118, they amount to scarcely more than one per cent. of the whole, and their rarity must be attributed not so much to the absolute infrequency of the disease, as to its comparative infrequency

among the class of patients upon whose cases these tables are framed.

Of the *neurotic affections* comprised under the three heads of Hyperæsthesia, Anæsthesia, and Dysæsthesia, the proportion is one and a half per cent.; the most numerous subgroups being prurigo and pruritus. The term prurigo, in these tables, is applied only to prurigo vera, that is to say, prurigo from internal causes. The class of patients precludes, in general, the possibility of a parasitic cause; but, in the few instances in which such a cause has been met with, the case has been referred to the traumatic affections, under the head of Phtheiriasis. Hyperæsthesia, anæsthesia, and neuralgia dermatos or dermatalgia are all rare affections; and the example of pellagra represents a disease which is both rare and exotic; the case in question having been imported from Hindostan.

The *dothienic* or *furuncular affections* are very insufficiently represented by the figures denoting one and a half per cent.; and the reason is apparent on looking at the components of the group; furunculus itself, the greatest in number, namely 106, is in many instances a trivial affection; ekthyma (42), besides being often trivial, results from a cachexia, which belongs to an inferior class of society than that registered in these tables. Hordeolum is also trivial; and anthrax is very commonly clinical.

The *phlyktænous affections* are in many instances trivial; and to this fact must be attributed their smallness of proportion to other diseases, namely, only one and a quarter per cent. One hundred and eight cases of herpes, or one per cent., very clearly represents only a fraction of the examples of this malady such as it affects society in general; the disease is, commonly, only transient; it is scarcely detected until the fourth day, and by the eighth it is gone; it is often so slight in its symptoms as to fail to excite in the mind of the patient any desire for relief, and especially as the eruption is unaccompanied by constitutional disturbance; and added to all this, it is not infrequently mistaken for erysipelas, or from its severity is treated clinically. Pemphigus is always a rare affection, and in the present tables is represented by 19 cases. The case which I have designated phlyktænosis, was that of the development on the cheek of a large vesicle: the patient was a little girl ten years of age, somewhat out of health; the vesicle had occupied its existing position for ten days, and its appearance had been preceded by an eruption of furuncles. Although not strictly a pemphigus, it approached more nearly to pemphigus than to herpes.

The group of *chromato-pathic* or *pigmentary affections* owes

the smallness of its total, namely 113, scarcely more than one per cent., partly to the triviality of some of its members, such as melasma, xanthochroia, and phakia or freckles, and also to the rarity of its remaining constituent, leukasmos. Under the general expression, melasma, I include all the darker tinted discolorations of the skin, including chloasma and the ephelidæ, the total being 62. And in consequence of the triviality of the melasmata, the number representing the rare affection leukasmos, namely 34, is all the more striking. It is necessary, therefore, to state the proposition as follows :— the number of patients seeking special relief for the melasmata or dark discolorations of the skin is nearly double the number of those who suffer from leukasmos or bleaching of the skin, although the melasmata are considerably more numerous than this estimate would imply.

Carcinoma of the skin comes before us most frequently in its epitheliomatous stage, and at this early period is sufficiently tractable ; but when the epithelioma is large and extensive—and, in one of the cases recorded in the tables, it occupied the whole thickness of the scalp, and about half its extent—or when the ulceration is considerable, or has sunk deeply into the subcutaneous tissues, it is often wholly unmanageable.

The small number of the *traumatic affections,* namely 38, is due to the already mentioned law of triviality and clinical necessity, and in one member of the group to rarity. Phtheiriasis, or parasitic irritation, occurred in 23 instances ; inflammation from cold, constituting pernio or chilblain, in 10 ; inflammation from heat, or ambustio, only once ; and dermatitis toxica, from the use of stockings coloured with the aniline dyes, four times.

The *steatopathic affections* are also small in number, namely 22 ; partly on account of their triviality, as in the instance of stearrhœa and asteatodes ; and partly on account of their rarity, as in molluscum sebaceum, or rather adenosum, the molluscum contagiosum of Bateman. Molluscum adenosum, from its cachectic origin, must necessarily be rare among the wealthier classes ; and its reputed contagious quality receives a check, when its occurrence in 10,000 cases of cutaneous disease is found to be represented by the simple numeral 6. If contagious diseases in general were equally rare in numbers, contagion would become a " vox et præterea nihil."

The *idrotopathic affections,* again, are infrequent, amounting only to 20, partly on account of their triviality, and partly on account of their rarity. Hyperidrosis may be sufficiently troublesome in some instances to lead to an appeal to the

medical man: this occurred twelve times in 10,000 cases. In seven cases osmidrosis constrained its victim to seek for aid; but society will bear witness to what a trifling extent this figure represents the real evil. Hydroadenitis, however, is really a rare affection, but when sought after will be found to be much less seldom than my single unit may denote.

The *elephantoid affections* represent the single disease, designated elephantiasis by the Greeks, from being as monstrous in comparison with other diseases as the elephant is monstrous by the side of the rest of animals. This disease should be carefully distinguished from the "elephant leg" of the Arabians, with which it has no relationship whatever; the latter being simply an hypertrophy, or, more definitely, a spargosis; whereas elephantiasis is a blood disease, like unto the exanthemata and like unto syphilis. In the popular language of the present day, elephantiasis is *the leprosy*—not the leprosy of the Greeks as appertaining to simple leprosity or roughness, like lepra; but the chief of leprosies, in the generic signification of the latter term, namely, as representing cutaneous diseases; elephantiasis being as it were the *leprosy of leprosies*. Twenty instances of this terrible, this monstrous disease, in 10,000 cases, is therefore a considerable number; and still more considerable when it is stated that these 10,000 cases were collected in little more than five years. The cases were all necessarily exotic, the source from which they were derived being—Hindostan, Ceylon, Mauritius, China, the West Indies, and South America.

The *exanthematic affections* being for the most part clinical in their nature, might be omitted altogether from the class of cutaneous diseases, save for the important analogy which they supply to a knowledge of the phenomena of other affections of the skin; and also for their occasional appearance in a mild form, as in rubeola notha, in roseola, and in varicella, among other affections. In the fifteen cases before us, 7 belonged to rubeola, 5 to roseola, and 3 to varicella.

The *onychopathic affections* are rarely of sufficient gravity to induce patients suffering under them to apply to the medical man; and when this is the case, they very commonly fall into the domain of general surgery. Nevertheless, the pathological phenomena of abnormal structure and of shedding the nail, supply us with fourteen examples of diseases of the nails, and the physiological consideration of the subject presents characters of considerable interest.

An unarranged surplus of eight cases is all that remains to be disposed of: six of these eight cases are ulcers, which I have not as yet provided with a niche in the clinical classi-

fication; and two are anomalous, one a macular eruption occurring in a child; the other a tubercular eruption, resembling in general appearance an elephantiasis tuberculosa.

TABLE I.—*Showing the relative number of different forms of Cutaneous Disease, in* 10,000 *cases, arranged alphabetically.*

Akne	508	Melasma	62
Akrochordon	4	Molluscum adenosum	6
Alopekia	414	„ areolo-fibrosum	5
Ambustio	1	Morphœa	11
Anæsthesia	1	Myrmekiasmos	41
Angeiektasia	18	Nævus hypertrophicus	14
Angeioma	42	Neuralgia	5
Anomali	2	Onychopathia	13
Anthrax	3	Osmidrosis	7
Area	276	Panaris	1
Asteatodes	2	Pellagra	1
Atrophia	7	Pemphigus	19
Carcinoma	45	Pernio	10
Chalazion	1	Phakia	8
Cheloma	20	Phalakrotes	49
Cicatrices	5	Phlyktænosis	1
Clavus	5	Phtheiriasis	23
Comedo	4	Phytosis circinata	64
Dermatitis	4	„ favosa	3
Dermato-sklerosis	2	„ tonsurans	188
„ struma	41	„ versicolor	131
„ syphilis	350	Pityriasis	303
Ekthyma	42	Poliothrix	56
Ekzema	3352	Porphyra	8
Elephantiasis	20	Prurigo	96
Erysipelas	12	Pruritus	61
Erythema	219	Roseola	5
Folliculitis	109	Rubeola	7
Furunculus	106	Sauriodes	1
Gutta rosea	744	Scabies	308
Herpes	108	Spargosis	3
Hordeolum	6	Stearrhœa	14
Hydroadenitis	1	Strophulus	4
Hyperæmia	13	Sykosis	100
Hyperæsthesia	2	Trichodyschroia	1
Hyperidrosis	12	Trichoklasia	7
Ichthyodes	46	Trichorrhœa barbæ	3
Impetigo	135	„ „ capillorum	284
Kakotrophia	41	Trichosis	26
Kerion	46	Tubercula miliaria	5
Leichen	328	Tumores cystici	17
Lepra	628	Ulcera	6
Leukasmos	34	Urticaria	88
Lupus erythematosus	78	Varicella	3
„ strumosus	77	Xanthochroia	9
Melanoma	1	Xanthoma	8

TABLE II.—*Showing the relative frequency of different forms of Cutaneous Disease, in 10,000 cases.*

Ekzema	3352	Angeiektasia	18
Scabies (estimated)	1232	Tumores encystici	17
Alopekia, including Trichorrhœa, Phalakrotes, and Area	1026	Stearrhœa	14
		Nævus hypertrophicus	14
		Hyperæmia	13
Phytosis tonsurans (estimated)	756	Onychopathia	13
		Hyperidrosis	12
Gutta rosea	744	Erysipelas	12
Lepra (Græcorum)	628	Morphœa	11
Akne	508	Pernio	10
Alopekia (sola)	414	Xanthochroia	9
Dermato-syphilis	350	Xanthoma (vitiligoidea)	8
Leichen	328	Phakia (lentigo)	8
Scabies (actual)	308	Porphyra	8
Pityriasis	303	Atrophia	7
Trichorrhœa	284	Osmidrosis	7
Area	276	Rubeola notha	7
Phytosis tonsurans (actual) including circinata	252	Trichoklasia	7
		Ulcera	6
Erythema	219	Hordeolum	6
Impetigo	135	Molluscum adenosum	6
Phytosis versicolor	131	„ areolo-fibrosum	5
Folliculitis	109	Neuralgia	5
Herpes	108	Tubercula miliaria	5
Furunculus	106	Clavus	5
Sykosis	100	Cicatrices	5
Prurigo	96	Roseola	5
Urticaria	88	Strophulus	4
Lupus erythematosus	78	Dermatitis	4
„ strumosus	77	Akrochordon	4
Phytosis circinata	64	Comedo	4
Melasma	62	Anthrax	3
Pruritus	61	Spargosis	3
Poliothrix (canities)	56	Favus	3
Phalakrotes (calvities)	49	Trichorrhœa barbæ	3
Kerion	46	Varicella	3
Ichthyodes, including xeroderma	46	Hyperæsthesia	2
		Asteatodes	2
Carcinoma	45	Dermatosklerosis	2
Ekthyma	42	Anomali	2
Angeioma	42	Anæsthesia	1
Kakotrophia	41	Sauriosis	1
Dermato-struma	41	Hydroadenitis	1
Myrmekiasmos	41	Phlyktænosis	1
Leukasmos	34	Panaris	1
Trichosis (hirsuties)	26	Chalazion	1
Phtheiriasis	23	Ambustio	1
Cheloma	20	Melanoma	1
Elephantiasis	20	Trichodyschroia	1
Pemphigus	19	Pellagra	1

TABLE III.—*Relative proportion of Common and Rare Diseases.*

1. COMMON DISEASES.—*a. Ordinary.*

Ekzema	3352	Impetigo	135
Scabies	1232	Folliculitis	109
Gutta rosea	744	Herpes	108
Lepra	628	Sykosis	100
Akne	508	Prurigo	96
Alopekia	414	Pruritus	61
Trichorrhœa	284	Lupus strumosus	77
Area	276	„ erythematosus	78
Phytosis tonsurans et circinata	252	Melasma	62
Phytosis versicolor	131	Poliothrix	56
Dermato-syphilis	350	Phalakrotes	49
Leichen	328	Kerion	46
Pityriasis	303	Ichthyodes	46
Erythema	219	Carcinoma	45

b. Trivial.

Furunculus	106	Onychopathia	13
Urticaria	88	Pernio	10
Ekthyma	42	Phakia	8
Angeioma	42	Ulcera	6
Kakotrophia	41	Hordeolum	6
Dermato-struma	41	Tubercula miliaria	5
Myrmekiasmos	41	Clavus	5
Trichosis	26	Strophulus	4
Phtheiriasis	23	Akrochordon	4
Tumores encystici	17	Comedo	4
Angeiektasia	18	Asteatodes	2
Stearrhœa	14	Panaris	1
Nævus hypertrophicus	14	Chalazion	1
Hyperæmia	13		

c. Clinical.

Erysipelas	12	Anthrax	3
Porphyra	8	Varicella	3
Rubeola	7	Ambustio	1
Roseola	5		

2. RARE DISEASES.—*a. Indigenous.*

Cheloma	20	Atrophia	7
Pemphigus	19	Osmidrosis	7
Leukasmos	34	Trichoklasia	7
Hyperidrosis	12	Molluscum adenosum	6
Morphœa	11	„ areolo-fibrosum	5
Xanthochroia	9	Neuralgia	5
Xanthoma	8	Cicatrices	5

TABLE III.—*Continued.*

2. RARE DISEASES.—*a. Indigenous* (continued).

Dermatitis	4	Sauriosis	1
Spargosis	3	Hydro-adenitis	1
Favus	3	Phlyktænosis	1
Hyperæsthesia	2	Melanoma	1
Anæsthesia	1	Trichodyschroia	1
Dermato-sklerosis	2		

b. Exotic.

Elephantiasis	20	Pellagra	1

TABLE IV.—*Arrangement of* 10,000 *cases of Cutaneous Diseases, in groups, corresponding with the Clinical classification.*

1. EKZEMATOUS AFFECTIONS	5174	6. SYPHILITIC AFFECTIONS	350
Ekzema	3352	7. ELEPHANTOID AFFECTIONS	20
Pityriasis	303	8. LEPROUS AFFECTIONS	628
Scabies	308	9. STRUMOUS AFFECTIONS	196
Leichen	328	Dermatostruma	41
Strophulus	4	Lupus strumosus	77
Gutta rosea	744	Lupus erythematosus	78
Impetigo	135	10. CARCINOMATOUS AFFECTIONS	45
2. ERYTHEMATOUS AFFECTIONS	340	11. TRAUMATIC AFFECTIONS	38
Erythema	219	Ambustio	1
Porphyra	8	Pernio	10
Erysipelas	12	Dermatitis	4
Urticaria	88	Phtheiriasis	23
Hyperæmia	13	12. NEUROTIC AFFECTIONS	166
3. PHLYKTÆNOUS AFFECTIONS	128	Hyperæsthesia	2
Pemphigus	19	Anæsthesia	1
Herpes	108	Pellagra	1
Phlyktænosis	1	Dysæsthesia	
4. DOTHIENIC AFFECTIONS	157	Prurigo	96
Ekthyma	42	Pruritus	61
Furunculus	106	Neuralgia	5
Hordeolum	6		
Anthrax	3		
5. EXANTHEMATOUS AFFECTIONS	15		

TABLE IV.—*Continued.*

13. NUTRITIVE AFFECTIONS 274

Ichthyodes	46
Sauriodes	1
Kakotrophia	41
Nævus hypertrophicus	14
Akrochordon	4
Molluscum areolofibrosum	5
Myrmekiasmos	41
Clavus	5
Cheloma	20
Morphœa	11
Spargosis	3
Dermatosklerosis	2
Angeiektasia	18
Angeioma	42
Atrophia cutis	7
Cicatrices	5
Xanthoma	8
Melanoma	1

14. EPIDERMIC AFFECTIONS 386

Phytosis tonsurans	188
Phytosis circinata	64
Phytosis favosa	3
Phytosis versicolor	131

15. ONYCHOPATHIC AFFECTIONS 14

16. CHROMATOPATHIC AFFECTIONS 113

Melasma	62
Xanthochroia	9
Phakia	8
Leukasmos	34

17. TRICHOPATHIC AFFECTIONS (1116) 1906

Trichosis	26
Trichorrhœa	287
Alopekia	414
Area	276
Phalakrotes	49
Trichodyschroia	1
Poliothrix	56
Trichoklasia	7
(Trichofollicular	790)
Comedo	4
Tubercula miliaria	5
Chalazion	1
Tumores encystici	17
Folliculitis	109
Akne	508
Sykosis	100
Kerion	46

18. STEATOPATHIC AFFECTIONS 22

19. IDROTOPATHIC AFFECTIONS 20

TABLE V.—*Relative frequency, in groups, according to the Clinical classification, of* 10,000 *cases of Cutaneous Disease.*

Ekzematous affections	5174	Phlyktænous affections	128
Trichopathic affections	1906	Chromatopathic affections	113
Leprous affections	628	Carcinomatous affections	45
Epidermic affections	386	Traumatic affections	38
Syphilitic affections	350	Steatopathic affections	22
Erythematous affections	340	Idrotopathic affections	20
Nutritive affections	274	Elephantoid affections	20
Strumous affections	196	Exanthematous affections	15
Neurotic affections	166	Onychopathic affections	14
Dothienic affections	157	Unarranged	8

ON DERMATOLYSIS. By Erasmus Wilson, F.R.S.

WHEN ALIBERT, in 1810, had arranged to his own satisfaction eleven groups of his Dermatoses, he had sundry diseases thrown upon his hands which did not admit of being placed with the rest, and were in a measure dissimilar to each other. He likens his position under these circumstances to the possessor of a museum, who, having classified the greater part of his collection, has a reserved nook, in which objects not yet classed, and waiting for further elucidation, are accumulated together for future consideration and judgment. This surplus he assembles under the name of Dermatoses heteromorphes, and these constitute his twelfth group, comprising six genera; namely:—ichthyosis; tylosis; verruca; onygosis; dermatolysis; and nævus. Five of these genera, according to our present views, belong to hypertrophic affections; the sixth being onychia, a disease of the nails.

Dermatolysis, or looseness of the skin, he introduces with the following synonyms:—*relâchement de la peau, cutis pendula, cutis pensilis, cutis lapsus, cutis rugositas,* and *chalazo-dermie.* And his definition is as follows:—"Abnormal extension of the skin, proceeding from a peculiar alteration of contractility." But this definition is clearly inadequate to the representation of the disease; which is, obviously, an excessive growth of the skin, or, in other words, an hypertrophy, and is therefore allied with those other affections depending on hypertrophy or hyperplasia of the integument and subcutaneous areolar tissue, namely, spargosis and molluscum.

Dermatolysis in a simpler sense is shown by abnormal extensibility of the skin, the skin retaining all its contractility and elasticity. Of this form of dermatolysis or chalazoderma a remarkable example is described by Meek'ren under the name of "debilitas extraordinaria cutis." "In the year 1657," he observes, "a young man, a Spaniard, named Georgius Albes, about 23 years of age, presented himself at our hospital, and was seen by Van Horne, Sylvius, Gulielmus Pyso, and Franciscus Vander Wiel, who, grasping with the left hand the skin of the right breast and shoulder, drew it out till it touched his mouth; on taking the skin under the chin with both his hands, he could draw it down like a beard till it touched his breast, or pull it upwards till it covered his face

and eyes; or extend it still more, till it touched the vertex; or, pinching the skin of the knee, he could extend it as he pleased, upwards or downwards, to the length of half a yard. The skin thus extended retracted itself again; but this was only on the right side of the body; it was a disease, and not a trick or capability of extension produced by custom." "Consideratione dignum erat, cutem eam quæ tegebat dictis locis partes sinistras, extendi nullo modo potuisse, firmissime iis adhærentes; causam dignoscere hactenus non ligavit." This quotation occurs in a note in the "Principles of Surgery" of John Bell, and is accompanied with a plate.

The state of relaxation of the skin here described brings to our mind the biological history of the Scythians as delineated by Hippokrates.* These people inhabited a country which was cold, damp, and underwent little change of temperature, was deficient in bracing cold or expanding heat. As a consequence of such a climate, they were lymphatic and relaxed; they were stunted in growth; "their shapes are gross and fleshy, with ill-marked joints," and, "owing to their fat and the absence of hairs from their bodies, their shapes resemble one another, the males being all alike; and so also with the women. . . . . I will give you a strong proof of the laxity of their constitutions. You will find the greater part of the Scythians, and all the Nomades, with marks of the cautery on their shoulders, arms, wrists, breasts, hip-joint, and loins, and that for no other reason but the relaxation and flabbiness of their constitution, for they can neither strain with their bows, nor launch the javelin from their shoulder, owing to their relaxation and atony; but when they are burnt, much of the relaxation in their joints is dried up, and they become better braced, better fed, and their joints get into a more suitable condition. . . . . The Scythian race are tawny from the cold, and not from the intense heat of the sun, for the whiteness of the skin is parched by the cold and becomes tawny." We have here an illustration of a modern operation for the contraction of parts by the excision of a portion of the skin, as in ptosis, and also in Dupuytren's operation for the cure of prolapsus ani; and we have also a recognition of the fact that the tawny and black skin is not the consequence of heat alone, but also of cold and exposure to the elements.

But different from this, which in contradiction to Meek'ren must be regarded as a physiological and not as a pathological phenomenon, is the dermatolysis of Alibert. The latter author describes five varieties of the disease, all of which had come under

* Airs, Waters, and Places.

his own observation ; they were as follows, namely:—*dermatolysis palpebrarum, faciei, collaris, abdominalis,* and *genitalium.*

Dermatolysis palpebrarum, he observes, is common, and was well marked in a peasant girl who had over-exerted herself during the reaping season, and slept in a damp barn. The skin of the upper eyelids grew to such an extent as to form a fold which hung like a curtain in front of the eyes and upper part of the cheeks. In another girl of 17, of scrofulous diathesis, accustomed to work for a long time together with her head bent forwards, a similar occurrence took place, and very much interfered with her vision.

Dermatolysis faciei is also not infrequent, and was shown most remarkably, and to an extraordinary degree, in a man named Lemoine, a shepherd in the neighbourhood of Gisors. This man was 45 years of age at the time the case was drawn ; he had lost one of his eyes in infancy, and the other at the age of 20, after severe headache. It is not stated when the skin began to grow, but at the above age his head constituted nearly a fourth of his entire height, which was four feet four (French) ; the length of his trunk comprised two-fifths of his height, and he was otherwise a well-made man. The prodigious size of the head was due to hypertrophy of the integument of the whole vertex, the temples, the forehead, and the right side of the face, from the middle line to the mastoid region.

An elongated boss of loose skin occupied the whole breadth of the forehead, another hung down in a succession of folds over the left temple as low as the cheek, carrying with it the eyelids, and nearly pulling the atrophied eyeball out of its socket. While on the right side the skin formed five longitudinal folds ; one, commencing in the upper lip, covered three-fourths of the mouth, and carried with it the lower lip to the side of the chin ; another, beginning in the upper eyelid, pulled both eyelids downwards upon the cheek, drew the atrophied eyeball from its socket, and descended to the chest, while the posterior folds which hung in front of the external ear drew the latter organ downwards to the angle of the jaw. The deformity was not confined to the integument, the bones also participated, and the scalp presented numerous uneven prominences resulting from excessive growth of the pericranium. With the exception of abnormal growth, the skin was normal in colour and appearance, and covered with hair in the parts organized for that purpose, only that the latter were larger and more scattered than usual. Alibert further remarks that the appearance of the poor man was the most hideous that could be conceived, and that it was utterly impossible to compare the

figure of his face with any known object, from its monstrous character.

Dermatolysis collaris.—Chalazoderma of the integument of the neck, Alibert illustrates by the case of a man aged 62 (Jean-Jaques Eloi), in whom a wattle of a triangular figure grew from beneath the chin, and hung down upon his breast. It began near the right ear at the age of fourteen, and gradually crept on to the left side of the neck. His face was also remarkable from presenting a number of longitudinal wrinkles which converged towards the chin, giving his features a "picturesque and venerable character." The skin itself was singularly lax and wrinkled. A feature of this kind is in the possession of an omnibus conductor, who may be seen any day on his journey from Paddington to Charing Cross: a large protuberant fold of integument extends beneath the chin from ear to ear, giving a singular breadth to the lower part of the face.

Dermatolysis abdominalis, according to Alibert, is not infrequent. He mentions the case of a Member of Parliament, whose abdomen it was necessary to support by means of an immense belt. Also, that of a glutton, named Tarrare, in whom, after a scanty repast, the integument of the abdomen could be wound around the body so as nearly to encircle it. And, lastly, the case of a woman aged 75, but less to the point; inasmuch as the relaxation implicated the abdominal parietes, and the great bulk of the intestines were contained in a pouch which, when she stood erect, descended one-third down her thighs.

Dermatolysis genitalium.—"I have seen," says Alibert, "a very extraordinary relaxation of the skin situated between the labia majora and nymphæ, in a girl of 20, that called to mind, very forcibly, the singular appendage described by certain authors as existing among the Bosjesman women, termed the 'tablier des Hottentottes,' and mentioned by Barrow, de Vaillant, and Peron."

The doctrine of hypertrophy is very ably stated by John Bell in his discourse "On the Unlimited Growth of Tumours." In the animal body, he observes, "there can be nothing which is not referrible to some physical law; health and disease result from various degrees of the same natural action; the same animal process which nourishes the parts of the human body, if but a little increased, augments them in an unnatural manner, so that betwixt regular nutrition and that which constitutes disease, I know no distinction except in degree. Nutrition is that natural process by which those injured particles of the body which need to be continually

removed for the preservation of the healthy state, are unceasingly replaced in a limited, regular, and orderly proportion, according to the use, the exercise, the secretions, and other necessities of each individual part; a process unceasing, insensible, attended with no disorder nor consciousness. Tumour is an excessive secretion and assimilation of new particles, exceeding the necessities, and transcending the natural limits of the part; an augmentation of bulk without a change of texture; for it is an addition, particle by particle, of bone to bone, skin to skin, gland to gland, muscular flesh to muscular flesh; and like the usual healthy process, it is silent, insensible, and void of pain or consciousness. The part or organ becomes unnatural from its increasing size, uneasy from its bulk or pressure, dangerous from its influence on the surrounding parts; if skin is irritated, bone fractured, a gland, &c. bruised and injured, the vessels of such part are excited, but not in such degree as to destroy its texture, not so as to produce inflammation, effusion, and ulceration, or gangrene, but so much only as to administer nourishment more rapidly and profusely. The part thus affected grows, but is unchanged; the tumour is skin, bone, gland, or muscular flesh, unaltered; if fat is secreted more profusely, the tumour is of fat; if any natural secretion be increased and confined, as in glands or bursæ, the tumour is fluid and sacculated." Again he observes, "that it is the character of living matter to be thickened by use; strengthened by violence. In living matter, distension, which is a species of violence, while it extends the substance, increases its bulk by exciting the nutritious process; while in every form of inanimate matter, having no such resisting power, extension tends to weaken and destroy its structure. . . . . Extension of living parts, whether by the fulness of vessels, by the intenseness of vascular action, by the distension of hollow organs, by the gravitation of the solid viscera upon their supporting boundaries, or the dependent posture of parts of the body; extension by twisting, bruising, and by other kinds of violence; extension by the natural but too violent exertion of the limbs and motion of the members, is the kind of danger from which the several parts of the body most need to be protected; and they are protected by this one distinguishing property, namely, of thickening and acquiring strength under extension or excitement, whether such extension arises from living actions within the body, or violence from without." "The breasts, the scrotum, the glands under the chin, and all the pendulous parts of the body, afford conspicuous examples of the effects of distension; for a pendulous

posture is the most irresistible of all distending causes, being the most unremitting, the most gentle, the least interfering with the regular process of nutrition, the most continually soliciting an increase of vascular action." Illustrating his argument by reference to the enlargement of the mammæ during lactation, he continues: "And when to this natural enlargement the pendulous posture is superadded, as in the warmer climates, where the breast is left unsupported, the whole breast enlarges and hangs low, the skin is elongated, the milk-glands may be felt in knots and clusters, as distinct as stones in a bag; and suckling being continued unceasingly by the women of those climates, the child grows strong enough to climb and cling to the mother's back, while her breasts so relax as to be easily thrown over her shoulder for the little one to feed and suckle."

The case of Eleanor Fitzgerald, narrated by John Bell as a sequence of the above observations, is the most surprising and extraordinary example of dermatolysis on record. She was born in Ireland, and was conveyed to Charlestown, in South Carolina, at the age of fourteen. She married, and bore seven children; and was fifty years of age at the time her case was reported. "Her complexion is of a deep yellow or dingy colour, sunburnt and freckled; her hair is very black and matted, the skin of her body fair and healthy, but studded all over, especially on the shoulders and arms, with small tubercles like berries," probably molluscum adenosum. "The enormous growth of skin which hangs from her neck and breast, and which, when she opens her tattered clothes, rolls out like the bowels, one turn over another, is at once disgusting and horrible."

Five years previously to this time, on her return voyage from America, she was struck, together with several other persons, with lightning; her husband was killed, and she was thrown violently on the deck, where she remained for some time without consciousness. On coming to herself, she became "sensible of a smart burning pain on the left side of her head. The part felt heavy, and upon putting up her hand she found that a soft and baggy tumour had arisen all at once, as big, she says, as the crown of a hat, which filled every day more and more, and fell lower towards the shoulder; for it was a tumour of the back part of the hairy scalp behind the ear. The voyage lasted about three weeks; and before the ship entered the Thames this tumour burst, and continued for a long while to distil a pure limpid serum, the bag having by this time descended so low as to lie flapping upon the shoulder."

At a later period, a portion of the tumour was removed in the Hôtel Dieu by Dessault, but without arresting its further growth. The narrator observes that "the chief volume of the tumour begins in that part which hangs thick and baggy from the back part of the head; and its origin in the lowest part of the hairy scalp is denoted by its black colour, proceeding from the roots and stubs of her dusk hair. This coloured part indicating its origin from the scalp, is extended now as low as the shoulder; it has a firm surface, large tubercles, a scaly hardness, and a blue colour. From this descends a great and voluminous roll of skin, which hangs over the breast and belly, to the length of a yard and a half, like a bundle of intestines; and from her ear, which is elongated to a prodigious length and size, hangs another corresponding roll of skin, which, falling from the neck and face, constitutes a great part of the volume of enlarged skin, which, as she sits, hangs over her knees." "This immense volume of skin is thin where it hangs from the occiput, neck, chin, and shoulder; but is very thick, massy, and doughy-like at its lower part. . . . This monstrous growth is simply skin—luxuriant, healthy, extremely vascular; its pores and papillæ are enlarged, and its surface somewhat reddened; in some parts it is livid, with a surface of changing colours betwixt red and blue. Upon lifting up the rolls of the tumour and looking into their roots, the veins are seen to be as large as those of the mesentery: some of these venous trunks are as big as the thumb, tense, and gorged with blood. When she travels about on her begging excursions, she carries her tumour in a sling made of an old tablecloth, as a sower of corn carries the seed in the bag before him. When she sits down, opens her cloak, and unfolds this disgusting and horrible tumour, you can hardly be persuaded that you do not see her belly open and her bowels in motion; for the rolls of skin, fleshy and red, roll over each other as she handles them; and the slightest handling at one fold of the tumour puts the whole into this vermicular kind of motion. The whole volume would roll over her knees, but that she contains it in her lap, by putting one or both her arms around it." John Bell's account of this woman is accompanied with two engravings illustrating the case.

An apt and interesting example of this curious affection is recorded in the 16th volume of the Transactions of the Pathological Society of London, session 1864-5. The case was presented by Dr. Henry G. Wright, and illustrates somewhat remarkably the tendency of the morbid process to attack the integument immediately behind the ear. In its seat and general

distribution there is a singular resemblance between John Bell's case and that of Dr. Wright. Two admirable figures from photographs of these "pendulous growths" illustrate Dr. Wright's case; which is as follows:—

Sarah A. H., æt. 34, a single woman, admitted into the West Riding County Asylum on October 17th, 1864. Is an epileptic, and has attacks of mania after epilepsy, which she has had for some years.

Was formerly employed as a winder in a worsted mill, and has lately been living at Dewsbury, but states that she was born, and resided many years, at Kidderminster, in Worcestershire. Has large (apparently) pendulous growths of skin on right half of neck and chin, and partially over the middle of the sternum, extending about as low as the umbilicus, and also behind, over the cervical and upper (three or four) dorsal vertebræ. The exact attachments of these growths are, as far as can be made out, as follows:—In front, they extend along the median line, from the chin to the sternum, as low down as a line drawn across from nipple to nipple; and behind, along the median line, over the whole of the spines of the cervical, and three or four upper dorsal vertebræ. They cover the right side of the neck, extending a little above the right ear; they also involve the right half of the chin, and extend across the median line towards the left side, as far as the first molar tooth on that side. There is a smaller growth on the upper part of the right shoulder, which on admission was ulcerated, but has since healed and grown from half to three-quarters of an inch. The folds of skin hang down as low as the umbilicus in front, not quite so low behind. The skin is excoriated between the folds in several places, and is more or less corrugated and partially covered with hair; it resembles in some measure that of the scrotum, more particularly on the chin and right side of the neck.

The patient said she first noticed the growth when about fourteen years of age; that it commenced behind on the nape of the neck, and also just below the chin; and that it has gradually extended and increased in size since that time. As far as her statement can be trusted, the growth commenced like the one on the right shoulder, which has increased in size since her admission; but the attachments of the folds of skin, in front and behind, have not altered for some years.

Her father was subject to moles; the rest of her family are healthy.

This patient had several epileptic fits, followed by excitement (cerebral), lasting for a few days, after them. She was found dead in bed, on her face, at 6 a.m., on March 4th, 1865, having apparently died from suffocation during an attack of epilepsy. Unfortunately, no post-mortem examination was made. There appeared some enlargement or growth taking place on the scalp above the right ear, and rather behind it, previous to her death.

REVIEWS.

Description and Treatment of Cutaneous Diseases. Order I. Papulous Eruptions on the Skin. By Robert Willan, M.D., F.A.S. London: Printed for J. Johnson, St. Paul's Churchyard. 1798.

IN the first volume of this Journal, page 106, we drew attention to the earliest work of Willan, and promised on a fitting occasion to present our readers with a reprint of the "Introduction" to that interesting book. We made this promise with the conviction that, to those of our readers who are not already familiar with his language, its perusal would be acceptable and instructive. We are desirous, moreover, that our pages should not close without the possession of one of the brightest ornaments of dermatographical literature; and we can ourselves never grow tired in the expression of our admiration of the genius, the learning, and the refined and elegant taste of that exalted man, one of the most distinguished of the fathers of modern dermatology, and the one to whom dermatology owes the deepest gratitude for the sound and practical wisdom conveyed by his writings. In the words of another of our great ones, "the divine old man" Hippokrates, we may repeat that "life is short," and "the occasion fleeting"; and we therefore seize the occasion to do justice to our estimation of the merits and the memory of Willan. This "Introduction" cannot, we feel convinced, be read by the student of dermatology without awakening in his mind a sentiment of pride that such a man was one of the pioneers of our very important branch of medical science, without creating an additional interest in the subject, and without inspiring the holy desire to be permitted to "go and do likewise." These are his words:—

No apology seems requisite for offering to the public a new account of cutaneous diseases, as it is generally acknowledged that the arrangement, description, and treatment of them constitute a branch of medicine which has never been sufficiently cultivated. Indeed, little improvement has been made in the subject at large since the time of Avicenna. Later authors, who profess to treat of it expressly, do not always furnish materials from

their own observation and experience. Their principal object has been to reconcile the descriptions of cutaneous complaints given by the Greek and Arabian physicians, with each other, and also with the forms of them observed in this and the neighbouring countries ; an attempt which can scarcely be deemed either rational or practicable. Affections of the skin must be supposed, as well as others, to vary much in different climates. It is therefore improper to apply the same names, or to establish the identity of diseases where the resemblance perhaps consists only in one or two circumstances of small importance, more especially since the obscurity and want of precision in the descriptions left us by the ancients sometimes render it difficult to ascertain their meaning. Nevertheless, as much advantage my be derived from their labours, I think it necessary, in this place, to give a summary view of what they have done on the subject, which will at the same time serve to point out the deficiencies that remain to be supplied.

The Greek writers afford a tolerably distinct account of Phlegmone, Erysipelas, Herpes, and their varieties, as also of several local tumours, under the names of Phyma, Anthrax, Phygethlon, Dothien, Epinyctis, Terminthus, Ionthos, &c. Of the formidable disease termed Elephantiasis, they have given a minute and elaborate description. Some more strictly cutaneous affections they denote by the terms Cnesmos, Leichenes, Psora, and Lepra ; which, though dissimilar in their form and progress, are arranged under the same genus, from a theoretical notion respecting their causes. In like manner the Alphos, Leuke, and Melas, are described as having a close affinity with each other, whilst they really differ in their principal characteristics.

The Greeks have been most particular in describing external affections of the head, but mislead us by applying new names to the same disease in different situations, at different stages of its progress. This will appear from comparing their accounts of Pityriasis, Keria, Achores, Meliceris, Melitagra ; Exanthemata, Helcydria, and Psydracia Capitis ; Sycose and Lichenose tubercles of the chin ; Madarosis, Milphosis, Ptilosis, Alopekia, and Ophiasis. Of the diseases of the eyes, teeth, and gums ; also of Apthæ and other affections of the tongue ; of Polypi, Ozæna, &c., their descriptions are minutely accurate. Several external blemishes, not ranking as diseases, are also mentioned by them, as Ephelides, Phaci, Chalazia, Thymia, Peliomata, Celides, Rhagades, Tyli, Myrmeciæ, Acrochordones, &c.

Many deficiencies are, however, to be noted in these authors :—

Firstly. They do not sufficiently describe pustular diseases, which are the most numerous and most important of all cutaneous complaints ; nor do they always distinguish Pustules from Papulæ and Exanthemata.

Secondly. They give us no regular history of proper exanthematous diseases, or rashes, but are satisfied with a loose comparison of their appearances to the effects produced upon the skin by nettles and other stinging plants, or by the bites of fleas, gnats, bugs, &c., applying several terms to denote them, as, Exanthismata, Blastemata, Eczesmata, &c., but without any distinctive characters. Their only material observations are, that some forms of the exanthemata are permanent, while others appear and disappear irregularly : and further, that those of a purple or black colour are highly dangerous.

Thirdly. They sometimes employ the same term to express different diseases. This is particularly observable in the use of the word Psora, which they apply to a disease whose characteristic appearance is a distribution of scales in various figures ; to a pustular complaint, terminating in extensive superficial ulcerations ; and also to a disease of the eyes or eyelids.

Fourthly. Of Chærades, or Struma, their account is very slight and partial.

Celsus, Pliny, Marcellus, and other Roman authors have copied the Greek accounts of cutaneous disorders, only changing some of their terms, without materially improving the subject.

Under Impetigo, as a generic title, Celsus seems to comprehend the ulcerated Psora, the scaly Psora, and perhaps the Lepra of the Greeks, along with some other dissimilar affections.

He constitutes a genus Vitiligo, including the Alphos, Leuke, and Melas : under the titles of Papula and Ignis sacer, he has described the Leichenes and Herpes of the Greek writers ; and he includes their Alopekia and Ophiasis under the general term Area. Celsus, however, is the first who has given a particular account of the Scabies, a disease mentioned indeed by the Greeks, but nowhere described by them.

The Arabian physicians are, on the whole, more distinct in their account of cutaneous diseases than either the Greeks or Latins ; but their sense has been obscured by very erroneous translations. They accurately describe external affections of the head; distinguishing them into Alraba (Crusta lactea), Alavirati (Pityriasis), Alsahara or the dry Sahafati (Porrigo), and Refrengi, the moist or ulcerated Sahafati (Kerion) of infants. Balkiati and Alvatin they represent as obstinate forms of the Sahafati, extending to other parts of the body. They have also particularly mentioned the diseases of the hair, and several species of baldness.

Some diseases affecting the skin more generally are described by them under the names of Black Morphea, White Morphea, Alguada, Black and White Albaras, Usagro, Herifiati, and Alcharisi, &c.

This multiplicity of terms has been productive of confusion ; and is the less necessary, as many of them do not express different kinds of disease, but rather apply to different degrees of the same affection. Thus the Alguada and White Morphea are described merely as superficial and slight forms of the White Baras, which answers to the Leuke of the Greeks. The Black Baras seems to be the Impetigo nigra of Celsus. It is said to be of the same nature, and referable to the same causes as the Black Morphea, but to affect the flesh and even the bones, whereas the Morphea is confined to the skin. The Usagro is likewise confounded with the Black Morphea and Baras ; and all of them are sometimes represented as appearances of a more general disease, the Leprosy or Elephantiasis.

In the order of Exanthemata, the Arabian writers have described the Essera, and Benat, or the plant of night : they distinguish the miliary rash under the title of Hasef, and are the first authors who have accurately described the measles (Alhasba). Among the Pustular diseases they also have given the first account of the small-pox (Algidri) ; and have described

an affection similar to the Scabies of Celsus, which, however, is not properly distinguished from the Sahafati and Usagro.

Their use of the term Bothor renders this last order of diseases very indefinite, since Bothor does not with them simply denote pustules, but also papulæ, wheals, warts, corns, and every species of tubercle upon the skin.

The Arabians have exactly copied the Greek accounts of the Anthrax, Herpes, and Erysipelas. They term the last Almesire, and distinguish it with great accuracy from phlegmonous inflammation. They describe one form of Herpes under the denomination of Persian Fire, and comprehend the Phyma, Phygethlon, Bubon, and Terminthus of the Greeks under a generic term, Althoin. The affection denominated Sare seems to be the Epinyctis. Their Abdemenul is the Greek Dothien, or boil. Of the Scrofula they have given a more accurate account than the Greek writers; and they mention the swelling of the throat which arises from an enlargement of the thyroid gland, under the term Botium.

Lastly, they have noticed a variety of local affections, which it will be sufficient at present to mention :—Barassen (Lentigines), Alguassem (Livores), Alcola (Apthæ), Alesirati (Rhagades), Alhasaph (Intertrigo), Asec (tubera), Alcoalib and Lutesula (Verrucæ), Mismar (Clavus), Alcahas (Paronychia), Asalha (Lupia), and Albedssanem, which comprehends red spots of the face, and ulcerations, from cold, on the extremities.

It is not here necessary to review all the modern authors on the subject of cutaneous diseases, as I shall make frequent references to them in the course of this work. They not only give various interpretations of the accounts left us by the ancients, but have perverted the sense of many passages, in the Greek writers more particularly. They also make artificial arrangements by no means consistent with each other; some reducing all the diseases under two or three genera; whilst others, too studious of amplification, apply new names to different stages of the same complaint. Those who attempt to give theoretical views of the subject at large are seldom clear and satisfactory; and there seems a peculiar impropriety in classing the diseases, as some have done, from hypothetical principles, rather than from their obvious characteristic appearances.

From what has been said, the desiderata, in regard to cutaneous diseases, may be stated as follows :—

1. To fix the sense of the terms employed by proper definitions.
2. To constitute general divisions or orders of the diseases, from leading and peculiar circumstances in their appearance; to arrange them into distinct genera; and to describe at large their specific forms or varieties.
3. To classify and give names to such as have not been hitherto sufficiently distinguished.
4. To specify the mode of treatment for each disease.

To complete adequately a plan so extensive must be considered as an undertaking of much difficulty, and perhaps exceeding the powers of any individual. In the present attempt to improve the subject, my principal

attention must necessarily be directed to the cutaneous diseases occurring in this country. An extensive acquaintance with these was necessary for the purpose; and I may presume that the line of public practice in which I have been several years engaged, has afforded me sufficient opportunities of examining them with accuracy. I do not, however, propose to confine myself solely to the cutaneous diseases of this country, but shall compare those I have observed with the accounts of similar affections by ancient and modern writers.

In order to convey distinct ideas on the subject, I shall elucidate every genus by coloured engravings representing some of its most striking varieties. This method is new, and will be attended with many advantages, though at the same time subject to a variety of imperfections. Such representations cannot sufficiently express the various degrees of opacity and clearness in pustules, nor the quantity or quality of the matter discharged from superficial ulcerations; neither can they extend to every minute circumstance in the course of a disease, being necessarily taken at some fixed period of it. I would therefore wish the drawings to be considered only as auxiliaries to the verbal description; as such, they will be more especially useful in showing the number, form, size, and colour of the papulæ, pustules, tubercles, spots, &c., constituting the disease, which appearances cannot always be clearly communicated in words.

It is proper here to mention that the outline of my plan for the arrangement and description of cutaneous diseases was presented some time ago to the Medical Society of London, and was honoured with the Fothergillian Gold Medal for the year 1790. I cannot but warmly express my obligation to the Society for this distinguished testimony of their favour, and shall think myself happy if the more enlarged view which I shall now endeavour to give of the subject can afford satisfaction to them and to the public in general.

Fourth Annual Report of the Hospital for Diseases of the Skin, Belfast. Established 1865.

THERE is a modest, business-like character about the Belfast Hospital for Diseases of the Skin that is deserving of imitation by larger cities. The citizens contribute to its support in sums ranging betwen one shilling and one pound, the majority of the subscriptions being under ten shillings. It is evident that they look upon it as an useful institution; and its practical usefulness is ably maintained by its physician, Dr. Henry Samuel Purdon, a zealous contributor to this Journal.

During the four years of its existence, the hospital has had under treatment 3,103 patients, representing 58 different

forms of disease; and as these cases give us an opportunity, such as we have desired, of comparing the kind and proportion of disease met with among hospital patients as contrasted with the wealthier classes, we shall devote a few moments to their consideration. In the mean time we may mention that during the past year 702 new cases have been admitted; but no register is published of the results of the treatment to which the patients were subjected. It would be very desirable to be able to ascertain the results of remedial measures; the length of time occupied in the cure; and the tendencies exhibited to the recurrence of the disease.

In the treasurer's account, the item for medicine, instruments, and pharmaceutical appliances, amounts to £33;—thirty-three pounds for the treatment of 702 patients. It would be desirable to ascertain how much out of this sum was paid for medicines alone; and also the kind of medicines and the quantities consumed. Such data as these would not alone be useful to the fulfilment of one of the purposes of the hospital, namely, "the advancement of medical science"; but they would tend, by inviting suggestions, to assist very materially that other purpose of the institution, "the treatment of the poor . . . . suffering under the various kinds of cutaneous diseases." With respect to another item we must also say a few words. Under the head of "Epilator," which we apprehend to mean, in honest Saxon, "plucker," that is *hair-plucker*, we find the sum of two pounds, a largish amount as compared with thirty-three pounds for medicines, &c.; but it is not on account of the greatness of the disbursement that we notice it, but on that of our ignorance of the nature of the service which is performed. In our own treatment of 10,000 cases, during the same years to which Dr. Purdon's report refers, we have had no occasion to have recourse to the "hair-plucker." We presume that the office applies to the treatment of ringworm; and we conceive it to be unfair to subject the children of the poor to a process which would not, and ought not, for an instant, to be tolerated in a wealthier class of society. The plucking treatment is founded on a baseless theory, and in practice is both barbarous and useless, a modification in cruelty of the abominable "calotte," which all Europe unites in repudiating.

If we submit the 3,103 Belfast Hospital cases to a similar analysis to that which we have adopted for our own, we shall find that, taking them in the order of numerical frequency, they will stand as follows:—

Ekzematous affections, including scabies, impetigo, gutta rosea, and ulcers	1579
Ekzema	612
Scabies	497
Dermato-struma, including lupus	462
Dermato-syphilis	299
Ulcera	263
Impetigo capitis	186
Phtheiriasis	107
Dermatitis, including pernio, ambustio, and erysipelas	106
Lepra	75
Furunculus and Anthrax	71
Phytosis seu tinea circinata et tonsurans	53
Lupus	44
Phytosis circinata	43
Urticaria	43
Prurigo	30
Onychia	28
Erythema	22
Akne	21
Gutta rosea	21
Herpes	20
Phytosis versicolor	18
Tumores cystici	17
Pemphigus	15
Favus	15
Epithelioma	14
Phytosis tonsurans	10
Clavus	10
Scarlatina	9
Stearrhœa	9
Cicatrix	8
Verruca	8
Alopekia areata	8
Ekthyma	6
Alopekia vulgaris	6
Sykosis	5
Molluscum adenosum	5
Purpura	4
Rubeola	4
Variola	3
Rupia	3
Nævus	3
Dermatalgia	2
Ephelis et Phakia	2
Spargosis	2
Ekphyma	1
Morphœa	1
Comedo	1
Hyperidrosis	1
Trichoklasia	1
Atrophia linearis	1
Kakotrophia	1
Ichthyosis	1
Cornu cutaneum	1

A glance at this table, by the side of Table 2, in our paper on the statistics of cutaneous disease among the wealthier classes (page 258), shows the proportion of ekzematous affections to be about the same in both; namely, more than one-half of the total number; but there exist certain discrepancies which we will endeavour to explain. For example, of pure ekzema, the figures of the hospital cases represent one in every five of the total; while our tables give one in every three; the reason being, as it seems to us, that a considerable number of trivial affections are, from the station of the patients, included in the latter estimate, while they are absent in the former. Scabies, which stands in the relation of one to six of the hospital cases, is as one to thirty-three of the actual number, and one to eight of the estimated number, in private life. Impetigo capitis, 186, is very considerably in excess over impetigo of every part of the surface, namely 135, the proportion in our 10,000; but it is evident that while Dr. Purdon makes a separate group of impetigo capitis, that disease being possibly more numerous in the poorer class, we include it in the group of ekzema pustulosum. Dr. Purdon

unites akne with gutta rosea, once grouped together under the generic term akne; but as these diseases are essentially distinct from each other, we have divided his total, so as to give one-half, representing gutta rosea, to ekzema; and leave the other half to the juvenile affection, akne. Dr. Purdon terms his ulcera, varicose, callous, and ekzematous, and therefore we have thought it best to assign the whole number to ekzema: varicose veins engender ekzema, and ulcer may follow; and callous ulcers belong, as to the nature of their cause, as much to varicosity of the veins and to ekzema as to any other.

The next disease on the list, dermato-struma, including lupus, is characteristic of the class of patients likely to seek hospital relief, and of the class likely to be met with in a manufacturing town. In 10,000 cases of cutaneous affections among the wealthier classes, the total coming under the denomination of dermato-struma and lupus, including lupus erythematosus, is 196; whereas in less than one-third of the above total in Dr. Purdon's cases, namely in 3,103, the number is 462. Dermato-syphilis again is largely disproportionate as against the manufacturing classes; and so also, as might be anticipated, is phtheiriasis.

Lepra, the lepra of the Greeks, is remarkable for its rarity among the manufacturing population; one in 41; as compared in the better-fed and better-housed members of the wealthier class, with one in 16. It will be in the knowledge of our readers that we have pointed out the substitutive character of lepra in relation to tuberculosis; and the disproportion of lepra in the strumous and the non-strumous class, gives an unexpected support to our opinions. In phytosis or tinea, again, we have an illustration of the more frequent occurrence of ringworm among the wealthier than among the poorer classes, that cannot be attributed to better feeding, but must be explained by reference to the hardier constitution of the latter. Among the Belfast Hospital patients, the proportion of ringworm cases is one in 59; whereas in the wealthier classes it is one in 40. Another curious fact is, that in the hospital cases the figures representing phytosis circinata and tonsurans are respectively 43 and 10; while, among the wealthier classes, the relation which the two forms of affection bear to each other is nearly reversed, being represented by the figures 64 and 188.

Dr. Purdon has on a former occasion explained the frequent occurrence of onychia amongst his hospital patients, and a paper by Dr. Brice Smyth in the present number of the Journal of Cutaneous Medicine illustrates the subject more

fully. Herpes is more common among the wealthier classes of England than in the Belfast cases. The proportion of epithelioma among the two classes is precisely the same. Favus is necessarily much more frequent among the lower orders; and alopekia considerably less. In 3,000 hospital cases, the number of examples of molluscum adenosum, the molluscum contagiosum of Bateman, is five; and in 10,000 cases among the wealthier classes it is only six.

We shall make the comparison more obvious by placing in parallel columns the principal forms of disease included in the subject of investigation, the columns being arranged in accordance with numerical frequency, and representing the frequency of each disease in relation with the total number. The reading of the columns would therefore stand as follows:— Ekzema in the Belfast cases occurs once in every five patients; scabies once in every six; dermato-struma once in every seven; and so on. While in the London cases, ekzema appears once in every three patients; scabies once in every eight; and ringworm once in every thirteen. The appended table simplifies, however, very materially the comparison, and carries it out to a fuller extent:—

Belfast Cases.			London Cases.		
Ekzema	1 in	5	Ekzema	1 in	3
Scabies	„	6	Scabies	„	8
Dermato-struma	„	7	Phytosis tonsurans et circinata	„	13
Dermato-syphilis	„	10	Gutta rosea	„	14
Impetigo capitis	„	17	Lepra	„	16
Phtheiriasis	„	29	Akne	„	20
Lepra	„	41	Alopekia	„	24
Furunculus et anthrax	„	44	Dermato-syphilis	„	29
Phytosis circinata et tonsurans	„	58	Area	„	36
Lupus	„	70	Erythema	„	46
Phytosis circinata	„	72	Phytosis tonsurans	„	53
Urticaria	„	72	Phytosis versicolor	„	76
Prurigo	„	103	Dermato–struma	„	85
Onychia	„	111	Furunculus et anthrax	„	92
Erythema	„	140	Herpes	„	93
Akne	„	147	Sykosis	„	100
Gutta rosea	„	147	Prurigo	„	104
Herpes	„	155	Urticaria	„	114
Phytosis versicolor	„	172	Lupus	„	130
Pemphigus	„	207	Phytosis circinata	„	156
Favus	„	207	Epithelioma	„	222
Epithelioma	„	222	Ekthyma	„	238
Phytosis tonsurans	„	310	Phtheiriasis	„	435
Area	„	388	Pemphigus	„	526
Ekthyma	„	517	Onychia	„	770
Alopekia	„	517	Molluscum adenosum	„	1667
Sykosis	„	620	Favus	„	3333
Molluscum adenosum	„	620			

In reference to relative frequency as between the two classes of patients, the above table shows that in the Belfast cases, the maximum was as follows, and in the following order, namely: — favus, phtheiriasis, dermato-struma, onychia, molluscum adenosum, dermato-syphilis, pemphigus, phytosis circinata, furunculus et anthrax, lupus, and urticaria. While the maximum of relative proportion of the London cases would stand thus: — alopekia, area, gutta rosea, akne, sykosis, phytosis tonsurans, erythema, lepra, phytosis versicolor, ekthyma, and herpes: epithelioma and prurigo are alike in both.

It is evident from this analysis, that, omitting ekzema, the special cutaneous eruption of the population of every class, the majority of skin diseases occurring among the poor are referrible to want of personal cleanliness, such as phtheiriasis; to exposure, as in the instance of onychia; to defective or perverted nutrition, such as dermato-struma, lupus, and epithelioma; or to social irregularity, such as dermato-syphilis. While the diseases of a superior class of society proceed more decidedly from lowered physical power; as in the instance of alopekia and area, of gutta rosea, of akne and sykosis; and of phytosis tonsurans.

Such are some of the reflections that are suggested to the mind by a cursory glance at cutaneous statistics; a subject at present in its infancy, but offering every prospect of leading on to instructive and important results.

Editorial Commentary.

OUR AMERICAN BRETHREN.

DR. KEYES, in the *New York Medical Journal* for June, 1869, in some remarks on the JOURNAL OF CUTANEOUS MEDICINE, and in reference to the modern progress of Dermatology, as shown by the issue of four European journals devoted to that subject, observes:—

Activity in dermatological literature seems to be on the increase, and an American Journal of Cutaneous Medicine is now all that remains to appear to make the list fairly full. Italy took the lead in 1866, producing the

Giornale Italiano delle Malattie Veneree e della Pelle, by Dr. Soresina (Milan). Shortly followed the *Journal of Cutaneous Medicine*, edited by Erasmus Wilson. Then followed, on the 1st of January, 1869, the *Archiv für Dermatologie und Syphilis*, edited by Dr. Auspitz, of Vienna, and Dr. Pick, of Prague. . . . . The French Journal, bearing also the date 1869, concludes the list. It is called the *Annales de Dermatologie et de Syphilographie*, and is edited by Dr. Doyon. . . . . There certainly is enough interest attaching to the subject to call for a dermatological journal on this side of the water. Let us hope that it will soon appear.

To this appeal, in the interests, not only of science in general, but equally in those of progress and humanity, we heartily say, Amen. The zeal and ability of our transatlantic friends are beyond the reach of question; and we doubt not that both those qualities will be evinced before very long in the publication of a Dermatological Journal that shall do honour to the United States. The subject is indeed worthy of all the attention that can be given to it; and its perfection will contribute very materially to the perfection of the science of medicine in general. That it is at present very far from perfection, every honest investigator must necessarily admit; and it must be equally obvious that anything approaching perfection can only be the result of continued, unwearied, and unanimous labour, aided by faithful co-operation.

Our friend and correspondent, Dr. Weisse, of New York, supplies us with an encouraging picture of the prospects of Dermatology in America; and may be assured of our hearty co-operation, and that not grudgingly, but to the fullest extent of our power. Britain has the prestige of the great name of Willan, but fame alone will not secure her position without the unflinching labour of her sons; neither should her sons be content with the reflected light of a foregone reputation, but set themselves earnestly to work to win an honourable character for themselves. If other stimulus were wanting, we could hardly look for a greater one than that of competing in friendly strife with our worthy ally of the United States; and the sooner that competition shall begin, the sooner shall we have occasion to waft our congratulations across the Atlantic. Dr. Weisse, whom we know to be equal to the enterprise which he has undertaken, sincere in his profession, and enthusiastic in the cause, sends us the following interesting communication:—

Friend Editor,—Since my return to the United States I have found a marked interest evinced by the profession in different parts of the country in the cultivation of Dermatology, more especially in our large cities. Since the establishment by the Faculties of our leading medical colleges of chairs

for the teaching of this specialty, the profession have awakened to a realization of its importance. The medical department of the University of New York was the first of our colleges in taking this progressive step. In May, 1865, the Faculty appointed a "Clinical Lecturer on the Diseases of the Skin"; in 1867 the title was changed to that of "Clinical Professor of Dermatology." The example of 1865 was soon followed by the leading colleges of the country, viz., New York, Philadelphia, Boston, &c. Weekly clinics are given before the class, by the incumbent lecturer or professor. Besides these college clinics, of which there are two a week, each of the ten dispensaries in the city of New York has a department for the treatment of diseases of the skin, where patients are treated daily.

I have already forwarded to you the "Contributions to Dermatology" of Silas Durkee, M.D. (Boston), and also the first volume of the elaborate work of Howard F. Damon, M.D. (Boston). I now forward his second volume, on the "Structural Lesions of the Skin": two volumes are yet to be issued to complete the work. Dr. Damon's will be the first American work on Dermatology; heretofore our dermatological literature has been composed of American editions of Burgess's translation of Cazenave and Schedel, Wilson, Neligan, and Hillier.

European enterprise is evinced in dermatological circles by your four journals devoted to the specialty. I am sorry that our German and French contemporaries have erred on the side of our Italian friends in grafting upon the title and object of their journals "Syphilis," thus giving such undue prominence to a single cause of disease of the skin. The local venereal lesions are dragged in out of place; as an example, see the five out of fourteen articles in the three first numbers of the "Annales de Dermatologie et Syphiligraphie," which are upon gonorrhœal sequelæ.

I take great pleasure in communicating to you the fact that the "New York Dermatological Society" has been organized. We commence with some twenty-five resident members. The following is an extract from the call for the meeting of May 18th, 1869, at which we organized so far as the adoption of a constitution and bye-laws, viz.:—"The objects of the New York Dermatological Society shall be to afford all those interested in this most important department of medicine an opportunity for a free exchange of their opinions and methods of practice, and to contribute American experience and investigation to the fast accumulating stock of knowledge of the diseases of the skin." At the time of organization the engrafting of the venereal diseases upon the name and objects of the society was advocated and successfully combated, so that the society is now a purely dermatological one, *the first*, I believe, ever organized. A library and museum are to be accumulated, to be the property of the society. The order of business at regular meetings provides for "clinical histories of cases and presentation of patients" as the principal feature of the exercises, and these cases are all to be carefully registered. Papers are also to be read, but the clinical feature will, as a rule, be adhered to, it being more instructive and practical.

In the organization of this society, I think I see a channel open by which dermatologists of all nationalities may arrive at a *cosmopolitan platform* in regard to the leading points of the specialty. If societies were formed in

other countries, an international conference of dermatologists might be held in a few years, composed of delegates from the various societies. At such a conference an *international system of classification* might be agreed upon, a uniform plan for the registration of cases be adopted, and such other regulations for the collation and utilization of experience as would tend to the general advancement of the specialty, and the placing it on a cosmopolitan platform. I hope that you may agree with me in my view of this matter, and give the weight of your journal in this direction. In my next I shall be able to report to you how the society progresses. We have a regular meeting the second Tuesday of every month, excepting July and August. Next Tuesday we elect officers, and also corresponding and honorary members. Our corresponding members are limited to twenty-five, and honorary to ten.

New York, June 5th, 1869.

MEMENTO OF HERBERT MAYO.

There are names in our profession that must always remain as "household words": one of those names is "Herbert Mayo." The sound of that name will raise a sigh in the breast of many, will awaken a feeling of curious interest in that of many more, but one of deep respect in that of all who have had the privilege of knowing the man or the opportunity of studying his writings. We publish now a fragment devoted to his memory, a fragment somewhat painful in reference to his sufferings, but interesting as tracing the workings of the active mind, even in exile; when the body was undergoing the process of the water cure, while the scientific spirit was still hovering around its native altars. To all but our junior readers, it would be an insult to call to remembrance that Mayo was Professor of Physiology in King's College at its first opening, one of the surgeons of the Middlesex Hospital, and author of several works, of which his "Physiology" and the "Treatise on the Brain," with its beautiful plates, are most remarkable. The accompanying letters relate to a subject which created great interest at the time of its action; they must now speak for themselves.

Dear Mr. Wilson,—If you print this letter, *send me the same clean cut out of the journal in which you print it*, with a *few lines*, in an envelope, the few lines to tell me about yourself, medical journalism, and anything that it occurs to you would interest a banished and broken medical cripple like myself. I never see an English medical journal now. Sometimes an inkling takes me to send a report on something or another—medical or physiological, but I don't know to whom. I am a complete cripple, but by extraordinary

luck have the sufficient use of my *right* hand and of *both* sides of my brains —at least so it appears to *me*, and I have not yet met with a German Gil Blas to set me right if I am mistaken.

Yours very truly,

HERBERT MAYO.

Mühlbad, Boppard-on-the-Rhine,
Feb. 25, 1849.

DEAR SIR,—I saw yesterday in *Galignani's Messenger* a brief notice of an action brought against the editors of the *Medical Times* by Mr. Wakley, and it occurred to me thereupon to write you a few lines on the subject of your evidence on the original inquest at Hounslow ; for I think justice has not been rendered to you in that matter, and I remember that you were formerly one of my colleagues in the medical school of Middlesex Hospital. I will tell you what most struck me on reading the details of the inquest. Then it appeared to me—

I. That there was no evidence to show that White, at the time he was flogged, was in a state of health, as far as it could be judged from outward appearances, to render the punishment more hazardous in his case than in other and average cases.

II. That there was no evidence to show that the flogging which White underwent was inflicted with unusual severity.

No blame, therefore, could attach to those who sanctioned the carrying out of the sentence of the court-martial.

But III. No candid medical man can doubt that the flogging was the indirect cause of White's death.

The practical inference to be drawn from these facts is, that the punishment of flogging in so severe a form ought to be erased from military law.

IV. There was no evidence to show that subsequently to the flogging White had been neglected by the medical officers of the regiment. On the contrary, he appeared to have received humane attention and consideration from them.

No blame, therefore, attaches to the medical officers up to the time of White's death.

V. The appearances in the muscles which the second necroscopic examination, conducted by yourself, brought to light, have great pathological interest. What you detected is new in pathology ; but, like other things that are new and true, it is just what one ought to have expected. Partial small lesions of the muscles doubtless are produced in all or most such floggings. But the texture recovers itself if the health of the patient is sound, otherwise they would be likely to run into the little holes and softenings which you found—a condition directly allying itself with inflammation of the serous membranes, and being portion of the group of disorders, of which a part only is yet elucidated under the title of venous inflammation.

You are at liberty to make what use you like of this letter, but under the condition that, if you publish it, it is published entire.

Yours truly,

Erasmus Wilson, Esq.

HERBERT MAYO.

Carbolic Acid Soap.—Mr. Crace Calvert has recently manufactured an admirable medicinal soap, containing twenty per cent. of carbolic acid and an equal quantity of glycerine. The soap is transparent and elegant in appearance, as well as being most useful for the purpose of cleansing and purifying the skin. Experto crede, we have used it for several months with increasing satisfaction, and have prescribed it largely among our patients. It is most useful in xeroderma and ichthyodes, in hyperidrosis and osmidrosis, and gives a freshness to the skin unequalled by any other soap. It is mildly stimulant, as well as depurative and disinfectant; and, used to the teeth and mouth, it is very refreshing. In exanthematous fevers, and fevers of every kind, it will be found very valuable.

Dermatitis Toxica (Anilina).—Since our last issue we have met with other cases of aniline dermatitis, and have received further reports from two of those for which we had prescribed on a previous occasion. One of the new cases was that of a major in the army, 35 years of age. He had worn a pair of socks striped with purple; the marks of the stripes were apparent on the legs and around the ankles, in the form of dark red bands that resembled burns. The socks had been worn for the first time ten days before the consultation, and on the latter occasion the feet were red and swollen and extremely tender, so that he was unable to put on his boots, or even to walk; moreover, the inguinal glands were enlarged and very painful. After ten days of treatment the inflammation subsided, and he considered himself well. But a week later, and without any apparent exciting cause, the inflammation returned with almost as much severity as at first.

The recurrent dermatitis is one of the most curious of the phenomena of the disease; it would seem as though the nerves themselves were poisoned by the dye, and that the morbid phenomena produced by the poison were repeated periodically. In July, 1869, we again received a visit from our patient, Case III., page 47 of the present volume of the Cutaneous Journal; the socks had been worn eleven months previously, but he was now suffering from one of a succession of attacks; the feet were red, hot, itchy, and somewhat swollen, and so tender as to make walking unpleasant. The feet had been well from time to time for a short period, but at intervals the inflammation returned with greater or less severity. Such was the case three weeks back; and not only the feet, but the hands also, suffered to a less degree.

Another case is reported to us of a strong, healthy man, a military officer, who became the subject of dermatitis toxica from wearing socks dyed with one of the aniline pigments.

He was fortunate enough to recover in a week, but has remained liable ever since to a revival of the inflammation of the feet whenever he took strong exercise.

Our patient, Case I., JOURNAL OF CUTANEOUS MEDICINE, page 44 of the present volume, presented himself before us on the 9th of August, 1869, having suffered from the use of poisoned socks worn in July, 1868, consequently more than a year back. He has been tormented with his feet from time to time ever since, but by dint of care has been enabled to get through his duties as a military officer. The last attack he experienced, happened six weeks ago, when one only of the feet was inflamed, the other having remained sound during four months. This encouraged him to a little more freedom of action, and he was induced to indulge in a game of cricket and also in dancing; but with the penalty of a recurrence of the inflammation to a moderate degree. The soles of the feet are tender, and the dorsum is sprinkled over with a spotted follicular rash; there is itching and tingling previously to the appearance of the exanthem and burning heat at night. He states that the ordinary process of the dermatitis has been, to continue for a week or ten days, then to get well; and as soon as recovery seemed to be complete to break out again as before. He remarks, also, that since the invasion of this disease he has been subject to a pruritic rash, consisting of small red spots, sometimes clustered and sometimes dispersed, on various parts of the body. These troublesome eruptions have appeared from time to time, and, like that on the dorsum of his feet, are evidently follicular.

It must be admitted that the phenomena of dermatitis toxica are very remarkable, and serve to throw a light upon some of the neurotic manifestations of other cutaneous affections.

HAIR PIGMENTATION.—The specialty of hair-dyeing, hair-staining, and hair-bleaching is a very curious one, physiologically as well as socially. There can be no doubt that a compound, first introduced by Thenard for beautifying oil paintings, the peroxide of hydrogen, possesses the property of "striking the golden dye." And it has the recommendation of being perfectly harmless. Most of the "aureolines" have this composition. Chlorine, which was expected to bleach, actually darkens the hair. The "eau des Fées" is a solution of the hydrosulphite of lead in combination with hyposulphite of soda. Other dyes in common use are a solution of permanganate of potash; and also a solution of oxide of silver in ammonia.

PURE WATER.—We are indebted to a small society of com-

mercial men, "The Pure Water Company, Limited," for the means of obtaining "pure aërated distilled fresh water for table use," as also effervescing waters, made with the same "pure aërated distilled water." These latter include soda and potash water, together with seltzer, seidlitz, magnesia, lithia, Vichy waters, &c. There can be no doubt that in the case of the invalid as well as in those who have no desire to fall into that category, the certainty of obtaining a pure water as the basis of their drinks is of the very first importance, and an additional zest is given to its use by the fact of its being considerably cheaper than the ordinary waters bearing the same name. We have ourselves indulged in these waters during the whole summer, and are quite satisfied that the reports of Dr. Letheby and Dr. Noad are not misapplied with regard to them; while, to some of our patients, they have proved to be a real boon. It is to be remembered, that these remarks do not alone apply to the ordinary saline waters with which we are already familiar, but they point to the fact of the existence of a water especially suitable to some invalids, as being simply aërated or carbonated, and admirably adapted for mixing with medicines or wines.

CHAIR OF DERMATOLOGY IN THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The Editor of this Journal has the gratification of announcing that the Council of the College of Surgeons have conferred upon him the appointment of Professor of Dermatology in the Royal College of Surgeons of England, an honour for which he feels profoundly grateful, and an office, to the duties of which his best exertions shall be devoted.

Cutaneous Horn.—Mr. Houghton, of Dudley, in Worcestershire, has been good enough to present us with a somewhat remarkable specimen of cutaneous horn, which grew from the skin of the under surface of the last phalanx of the great toe. It lay flat against the skin, like a toe-nail, but grew backwards instead of forwards, "filling the fossa in front of the ball of the great toe. The appearance of the last joint of the toe was very remarkable, for it looked almost as though it had two nails on the opposite surfaces, growing in opposite directions.

It had been about two years in formation, the patient being a woman, aged 66. It caused very little inconvenience or pain in walking, but it was very painful at night, and on this account, at her request, I removed it." It measures in length one inch, seven lines being free, and the remaining five lines constituting its root; its breadth is seven lines, or rather more than half an inch; and thickness, a quarter of an inch. It is convex on the external surface, and marked with transverse lines, indicating successive growth, and in general appearance is undistinguishable from a rough toe-nail, terminated by a rounded obtuse point. Unlike the majority of cutaneous horns, it is not the desiccated secretion of a follicular cyst of the skin, but an augmentation of the horny epidermis. This specimen, with other cutaneous horns, will be deposited shortly in the dermatological section of the museum of the Royal College of Surgeons.

Poisonous Shirts.—In our *Portraits of Diseases of the Skin*, there is a representation of leichen simplex, which is curiously limited to that portion of the trunk of the body and arms which was invested by a "red flannel shirt." The shirt was new, as well as being red, and had been worn for ten days; and the patient at the time was partially invalided by a feverish cold. This was in 1848, before the discovery of aniline dyes, and although our general impression was that the eruption might be due to the irritant quality of the new flannel, we made the following remark:—"How far the colour of the flannel may have been influential in assisting the eruption, is a question which I must leave for discussion till a future time." This observation is brought to our remembrance at present by the rumours which we hear in various quarters of inflammations of the skin similar to those produced by "poisonous socks and stockings," being occasioned by dyed garments worn next the skin. Thus Dr. Nuttall, of Dresden, writing to the *Lancet* in reference to his experiences in California, observes:—"Some kind of red flannel produces, when first worn, a painful eruption wherever it comes in contact with the body. I have seen this so often, that when a miner comes to consult me as to an eruption, to save time, the first question I used to ask was, 'Do you wear red flannels?'" Another gentleman, Dr. Lewis P. Madden, of Jacobstowe, Devon, in a communication to the *Medical Times and Gazette*, observes:—"A short time ago a blacksmith of my parish applied for relief for an affection of the skin, which he said he had had some little while. On his taking off his shirt I found a very large patch of pustules in the centre of his back, and also a great number of small vesicles on his shoulders, accom-

panied with great irritation. I noticed that his shirt was one of a cheap kind, of rather dark red flannel. It immediately struck me that this was the cause, knowing the man to have been always very healthy. I advised him to discard the shirt and wear a white flannel one instead, and take no kind of medicine whatever. This he strictly adhered to, and in less than a fortnight he was perfectly well. But to try the experiment still further, he put on the red shirt again, when, after a few days had elapsed, the same irritation and commencement of small vesicles appeared." The eruption in Dr. Madden's case would appear to have been a herpes, and might have proceeded from a chill, its common cause, and as we know well is as common in the healthy as in the invalid. But the repetition of the excitement when the shirt was renewed, gives weight to Dr. Madden's suspicion. We infer that the shirt must have been washed in the mean time, which might have taken some of the sting out of the poison, but had not destroyed it completely. Our present danger, in such cases as the above, is to mistake the influence of an ordinary irritant for one that is essentially poisonous.

Clinical Memoranda.

Natural History of Ekzema.—On a previous occasion (Vol. II., page 432 of this Journal) we published a number of cases illustrative of the correlation of ekzema with other disorders of the economy. We will now, in continuance of our inquiry into the natural history of ekzema, report other cases, showing the habits of that disease, selecting for the purpose its tendency to "recurrence," its occasional "substitutive" character, and some other of its phenomena.

Recurrent Ekzema.—6244. A gentleman, aged 37, has ekzema in the groove behind the ears; nine years previously he had ekzema capitis.

6382. A gentleman, aged 44, is suffering from an attack of ekzema perinei, which has just made its appearance; seven years back he was for a long time teased with ekzema of the popliteal spaces.

6386. A lady, aged 55, has a somewhat severe ekzema capitis, ichorous and squamous: it has lasted a year; and

has recurred from time to time for a period of fourteen years.

6414. A gentleman, aged 40, has had ekzema of the perineum extending around the anus, for ten weeks. Seven years back he suffered from general ekzema.

6429. A gentleman, aged 36, is suffering from ekzema capitis, which came on in the winter time, and has lasted for three months. Five years back he had an attack of general ekzema, which continued for fifteen months; and since that time the ekzema capitis has returned annually.

6659. A maiden lady, aged 54, has ekzema papulosum et ichorosum of the back of one hand; the eruption has lasted four months. When 26 years of age, she had an attack of general ekzema, consequent on nursing a sick relative. Her sister, aged 56, has had gutta rosea papulosa around the mouth for nine years.

6653. A gentleman, aged 46, has ekzema of the scrotum, penis, and perineum; the eruption has been a month in existence. He has also a patch of ekzema squamosum on the arm, which has occupied its present position for five years.

6551. A married lady, aged 37, has suffered from ekzema squamosum of the face and cheeks for five years; three months later the ekzema attacked the perineum and anus. At the age of 20 she had a previous attack of ekzema. Although married ten years, she has had no family.

7043 *a*. A lady, aged 54, has a small patch of ekzema on the side of the nose; last year she had ekzema inguinum; and fifteen years back pityriasis capitis; otherwise, she has enjoyed good health. At present she is suffering with headache and noises in the head, which have lasted a year, indeed since the cessation of menstruation, which only took place a year ago.

7076. A married lady, aged 63, is suffering from ekzema pudendi et inguinum. The present attack has lasted one week, having been induced by the heat of the weather (July). Seven years back she had a similar outbreak, at the same season of the year.

7226. A gentleman, aged 51, has ekzema capitis and ekzema manuum, of six weeks' duration. The present eruption broke out in July, and he had a similar attack a year ago.

7268. A gentleman, aged 60, has ekzema of the hands, and of the hands only. The first attack took place thirty-five years ago, the present three months back, and he has had one intermediate attack. In the first he lost his nails; in the second and present attack the nails are rough and uneven,

from defective nutrition. Eighteen months ago he suffered much affliction from the loss of his wife, and latterly he has been dyspeptic.

7358. A lady, aged 67, has ekzema axillare: it has now been in existence for a few weeks. Four years ago she had a similar attack, which lasted for two months; and again, one year back, when it remained for three months.

7403. A gentleman, aged 70, has ekzema papulosum of the legs, which has lasted for seven weeks: several years back he had a similar attack.

7577. A gentleman, aged 23, has ekzema capitis, which has lasted for three months: a year back he had a similar attack.

7512. An unmarried lady, aged 31, has a patch of ekzema, about an inch in diameter, on the point of the chin: it has recurred from time to time for two years.

7598. A gentleman, aged 35, has ekzema capitis, which has existed four months. He was first attacked with ekzema sixteen years ago, when it affected his ears; and two years back his head, in a similar manner to the present.

7593. A married lady, aged 58, has a circumscribed patch of ekzema squamosum on the knee: it has lasted two years. Some time previously she suffered from intercrural ekzema.

7647. A gentleman, aged 52, has ekzema papulosum of the trunk of the body, which has been in existence for four months. He has been subject to a similar eruption for thirty years; it recurs annually, in the middle of the summer, and breaks out suddenly. At present he has, in addition, a boil on one arm.

7792. A clergyman, aged 48, has two patches of encrusted ekzema ichorosum on the legs: the eruption has existed for six months. Fifteen years back, he suffered an attack of ekzema.

7630. A gentlemen, aged 67, has ekzema papulosum of the thighs with troublesome pruritus: it has existed for three weeks; three years back he had a similar attack.

Substitutive Ekzema.—9047. A gentleman, aged 69, a hale, healthy man, has ekzema of the head and face, arms and hands, as also on the lower limbs. The eruption began on the scalp three months back, and within the last six weeks has spread to the already mentioned parts. It is his first attack, and the eruption presents the usual variety of character in the different regions affected. It began on the scalp as a mere scurfiness, as an accumulation of fine scales, in dermatological language, a pityriasis; at present it is a psoriasis or ekzema squamosum. The ears are red and swollen, and somewhat roughened by

desquamation, ekzema erythematosum; behind they are squamous and ichorous; the eyelids, face, and neck present the erythematous form of the affection; as also do the arms, hands, and legs. The pruritus on the face and neck is troublesome, but most so behind the ears, where exudation is taking place.

This gentleman enjoys excellent health, with the exception of occasional temporary disorder of the digestive organs, which takes on the character of slight diarrhœa. He was a little exhausted by the hot summer of 1868; he then suffered some anxiety on account of the illness of his wife; for his wife's health he exchanged the bracing climate of Thanet, his ordinary residence, for the relaxing climate of Hastings; and it was while he was at Hastings that the first external manifestation of exhausted nerve-force took place, showing itself in the form of ekzema erythematosum capitis. On his return home he had one of his usual bilious attacks, and as this subsided the eruption became general over his body. As is commonly the case, under the influence of a substitutive disorder, when the latter creates no constitutional irritation, he is feeling remarkably well, his digestive organs are performing their functions properly, his tongue is clean, and he is, in fact, better than usual.

5476. A married lady, aged 56, suffered from disorder of digestion, her "bilious attacks" recurring pretty regularly every three or four weeks. For three months she missed her gastric disorder, and was then seized with ekzema, which appeared in patches on various parts of her body and limbs.

Five years later she was exposed to considerable anxiety, loss of rest, and fatigue, in consequence of the illness of a daughter whom she nursed. On this occasion the ekzema returned, attacking the pudendum and axillæ, and lasted for eight months. The eruption was accompanied with abscesses in the axillæ, and boils on the lower part of the trunk and thighs. The boils were small; they began as itching pimples, and were fourteen days before they reached their full size; they then threw up a phlyktænous vesicle, and afterwards slowly subsided.

Two months after getting well of the ekzema, this lady had a smart attack of neuralgia of the nape of the neck and back of the trunk. She compared the pain in her back to the sensation of opening and shutting of the spine.

5355. A gentleman, aged 55, the very picture of health, has ekzema capitis, which has continued for one month. For twelve years in succession he was a sufferer from gout, the attacks being frequent but slight. The gout then left him for nine years; and during the last three years ekzema has

taken the place of gout. Ekzema and gout are not unfrequently interchangeable.

7094. A married lady, aged 36, has ekzema papulosum of the chest and abdomen: the eruption has existed for a fortnight, and followed exertion (July) under which she became overheated. She had been disordered in health for some weeks previously to the attack of ekzema; in the first place she had a sore and blistered tongue; subsequently an attack of hæmorrhoids: both these disorders are now well.

7289. An unmarried lady, aged 32, has ekzema palmare et digitorum, which has existed for two years; during the same period she has also been troubled with furunculosis. In the preceding winter she suffered from bronchitis, and at that time the ekzema was relieved.

Etiology of Ekzema.—7550. A gentleman, aged 64, has ekzema of the pudendum and thighs, which has lasted for four months: it was excited by a chill, after getting hot with exercise in the month of August.

7597. A married lady, aged 40, has had ekzema squamosum for six years: it was attributed by her medical adviser to drinking unwholesome water.

7601. A lady, aged 45, has ekzema squamosum between the fingers: the disease has lasted three months, and arose from the heat and fatigue consequent on a hunt after a lost dog.

7619. A gentleman, aged 35, has ekzema of one leg, which has lasted for nine months. Seven years ago he had a compound comminuted fracture of the tibia, and the leg has been weak ever since. Shortly before the appearance of the ekzema the leg was chilled, erythema with swelling resulted from the chill, then an elastic stocking was had recourse to, which heated the leg and produced first a scurfy condition of the cuticle and then ekzema.

A gentleman, aged 30, of somewhat sensitive temperament, has an attack of ekzema erythematosum of the front of the chest whenever he eats rice. A friend of his suffers in a similar manner. Urticaria after eating rice is not very uncommon, but we have never before met with an instance in which ekzema was produced by that means.

7357. A gentleman, aged 27, has a patch of ekzema squamosum on the ball of the thumb, which followed a blow with a cricket ball five years ago. The present eruption has lasted three months (September), and it has recurred in the hot weather ever since the accident.

7314. A captain in the army, aged 38, has ekzema of the legs and back of the hands, which has existed one month,

and was brought out by a course of hydropathic treatment.

7277. A married lady, aged 64, has ekzema of the leg, extending from the knee to the ankle: it has existed for six weeks, and was occasioned by a bruise. Nine years back she had ekzema of the forehead; and three months since ekzema of the great toe. She complains of lassitude and weariness, and her tongue is soft and pale.

7096. A gentleman, aged 67, has ekzema of the right leg below the knee: the eruption has existed for two years. Seven years ago he ruptured some of the muscles of this limb, and the leg has remained weak and swollen ever since. The injury to the limb we regard as the predisposing cause of the ekzema.

7830. A maiden lady, aged 48, has ekzema squamosum nuchæ, a patch of moderate extent, which has existed for four years. She has had similar attacks previously. She attributes the eruption to affliction and mental anxiety, and also suffers from headaches.

7167. A gentleman, aged 51, has ekzema of the hands, chin, and in the groove of the nates, from which he has suffered for four years. He is a man of nervous temperament, an engineer by profession, and has been much overworked.

7155. A merchant, aged 33, has ekzema digitorum, which has existed for two years: at present he has ekzema behind the ears, and in small circumscribed spots dispersed over various parts of the body. His feet swell in winter. This state of disorder of his health would seem to be attributable to change from an outdoor to an indoor life, with anxious occupation. He states that he is never free from mental pressure.

7257. A clergyman, aged 54, has ekzema of the hands. The disease has existed for eleven years, but was lately very much aggravated by fright and a severe run, on an occasion when he was attacked by highwaymen. He has worked laboriously both mentally and physically for thirty years, having had under his charge an important congregation.

7175. A gentleman, aged 21, has ekzema perinei and three annulate patches on the right thigh. The eruption has existed for one week, and succeeded an extremely heated state of the body, followed by a chill. He was playing cricket on a Thursday in July, and the ekzema made its appearance on the Saturday.

7235. An elderly lady, aged 72, has ekzema of the hands, which has been more than usually troublesome for the last month (August). She has suffered for a long period from ekzema, which usually makes its attack at the spring and fall of the year. She is besides somewhat gouty.

7229. A gentleman, aged 68, has ekzema of the thighs, hands, face, and behind the ears. The attack broke out in the month of June.

7087. A young lady, aged 16, has ekzema in small circumscribed patches on the hands and forehead, and vestiges of the same affection in the flexures of the joints. The disease began in the joints at the age of seven, and has recurred in the summer season ever since. She has pale conjunctivæ, and is delicate in constitution.

6782. A little boy, aged 10, has ekzema erythematosum, which has broken out as a spring eruption chiefly on the legs, and has already existed for a few weeks. His digestive functions are deranged, his appetite variable, and he has copious perspirations at night.

7023. A married lady, aged 23, has a patch of ekzema squamosum on the side of the neck. She has no other manifestation of the eruption. She is delicate, dyspeptic, and has given birth to five children.

7372. A lady, aged 41, has ekzema of the hands and feet, with œdema. She is much debilitated, and owes her exhaustion to prolonged nursing and anxiety.

7375. A lady, aged 26, has had ekzema squamosum capitis for some weeks. Nine months back she had abscess of the breast after her confinement, and to the debility resulting from these causes the ekzema is to be attributed.

7378. A young man, aged 27, has ekzema squamosum of the head and front of the chest: it has existed for four years, and is worse in the winter season. He is a druggist's assistant, and much confined by his duties.

6330. A male infant, aged three months, was attacked with ekzema at the end of the first month. The eruption covers the whole body. It is ichorous on the head and face, erythematous and papulous on the body and limbs. The mother received a fright when she was six months pregnant; and our presumption is, that in consequence of this shock to the nervous system, caused by the fright, the nutritive quality of her milk has suffered, and the defective nutrition of the infant has become the predisposing cause of ekzema; cold possibly being the exciting cause.

6114. A lad, aged 16, has ekzema pustulosum or impetigo of the scalp and ears, which has been in existence two months. He is a weakly, languid boy, pallid and overgrown, and has just left school to enter upon the duties of a merchant's office. These are conditions in the highest degree favourable to the development of a pyogenic ekzema.

6555. A young lady, aged 6, has ekzema pustulosum of

the scalp (impetigo capitis): it ensued upon the debility occasioned by a succession of exhausting causes, namely: insufficient diet, low fever, and hooping cough.

6495. A clergyman, aged 53, is suffering from ekzema of the forehead, chin, fingers, and perineum. He has been subject to this affection for twelve years; it recurs in spring and autumn, and on the present occasion (April 4) has lasted for three months; having been preceded by lumbago. He is an habitual dyspeptic, and certain simple articles of food, such as bacon and oranges, produce vertigo.

6222. A gentleman, aged 52, has ekzema erythematosum in moderate-sized patches (figuratum) dispersed over the front of the forearms. He is not liable to eruptions, and the present attack is attributable to the cold weather and has existed for three weeks. As this is not a case of diathesis or of inveterate character, arsenic is not indicated, and we have prescribed nitromuriatic acid with gentian, a mild aperient pill, and the benzoated ointment of oxide of zinc.

6403. A lady, aged 31, has suffered from ekzema of the hands for twenty years: it is worst in the summer season. Her tongue and mucous membrane are pale and soft.

6404. An unmarried lady, aged 28, has suffered from ekzema squamosum of the knuckles of the fingers for ten years: it is most troublesome in the winter season.

6411. A gentleman, aged 28, has been troubled with ekzema papulosum of the lower extremities for eighteen years: it is worst in cold weather. He is a nervous, sensitive man, and during his treatment was attacked with severe pain in his side, which was relieved by hæmorrhage from the bowel.

1796. A lady, aged 55, has been the subject of ekzema for ten years: it occurs on the back of the hands, ekzema papulosum (lichen agrius of Willan), and comes on usually in hot weather. The present attack made its appearance in the winter.

6474. A gentleman, aged 43, has ekzema of the left leg, and gives the following account of its origin. Three years ago he was troubled with varicose veins of the leg: a cluster of these veins still remains, as well as a mottled melasmic patch resulting from the congestion caused by the obstruction of circulation in the veins. A year later the leg was attacked by boils, for which a poultice was applied; and consequent upon the irritation caused by the poultice, ekzema was developed, which still continues.

6737. An unmarried lady, aged 43, has ekzema squamosum ani: it began as pruritus ani, consequent on hæmorrhoids, and has lasted for five years.

6701. A young lady, aged 22, has ekzema erythematosum of the face, which has existed for two years: it originated from exposure to the sun. She has been subject to neuralgia for eight years, and is at present suffering from ascarides, which invade the vulva as well as the rectum.

6669. A military officer, aged 42, is suffering under ekzema ani, excited by sitting on a damp seat in a railway carriage. He possesses an ekzematous diathesis, and is subject to frequent attacks of that disease; the attacks alternating with furunculosis.

6694. A young lady, aged 10, has ekzema of the lobe of one ear, excited by piercing the ear for earrings.

6556. A gentleman, aged 64, is suffering from ekzema pustulosum of one leg: it followed phlegmonous erysipelas, and its treatment, which he had experienced four months before.

6563. A gentleman, aged 68, has ekzema squamosum of the left leg extending from the toes to the knee: it has been in existence six months, and was excited by poulticing the leg for six weeks after the bite of a dog.

6099. A young lady, aged 15, has ekzema erythematosum of the palm of the hands, with fission in the lines of motion; the borders of the latter being red and the cuticle in a state of desquamation. Flexion and extension of the hands is extremely painful. The hands have been in this state for three weeks; and first became inflamed from the use of a solution of soda intended to bleach her hair.

This case reminds us of its analogue the dermatitis toxica occasioned by the aniline dyes.

6277. A general, aged 63, has ekzema squamosum of one leg, which has existed for nine years. The eruption followed an accident to the leg and its treatment. With proper management we anticipate that the disease, although of such lengthened duration, will get well in a few weeks.

7714. A lady, aged 41, has ekzema of the knuckles and back of the hands: it has existed for eighteen months; it began in the summer, and is more active in the summer than in the winter season.

7720. A nursemaid, aged 19, has ekzema pustulosum of the arm in the neighbourhood of the elbow. She had some slight annular eruption on the elbow, for which a poultice was applied, and the ekzema followed. She is weakly and delicate, and has been underfed.

7727. A gentleman, aged 22, has ekzema on the right hand: it has lasted for three months, and came out suddenly, together with a similar eruption in the face, in consequence

of sleeping in a damp bed. He is congenitally ekzematous.

7748. A gentleman, aged 59, has a patch of ekzema papulosum on the front of the shin; the eruption followed a bruise caused by a blow.

7706. A gentleman, aged 31, has ekzema papulosum of the head, whiskers, shoulders, and chest; it has existed for four months, and broke out in the autumn after some days of confinement to a hot room.

7673. A gentleman, aged 56, has ekzema labiorum, which has teazed him for two years; he is depressed in spirits and under the pressure of anxiety.

7639. A married lady, aged 40, has ekzema vesiculosum of the back of one hand, which is spreading upwards to her wrist. The eruption is only three days old, and was excited by the use of tincture of arnica applied for the relief of a sprained thumb. She made the application on a Sunday evening and kept it on all night; on Monday night the ekzema made its appearance. Her skin is very sensitive, and she was unable to bear the oxide of zinc ointment; but the eruption gave way to the use of starch powder.

Congenital Ekzema.—6752. A young lady, aged 18, has been the subject of ekzema since the age of six weeks. The eruption makes its attack in the winter season, and at present occupies the head, the eyelids, and the ears. She was brought up by hand.

6753. A young gentleman, aged 16, is troubled with ekzema vesiculosum and squamosum of his fingers. He was attacked with ekzema at the third month, and has suffered from it more or less ever since. A state of constitutional debility is further indicated by enlarged tonsils.

6560. A little boy, aged 3 years, has suffered from ekzema since he was two weeks old. At present the disease lingers in the flexures of his popliteal and elbow-joints, and also in his right hand. He has a habit of sucking his thumb, and the saliva dribbles from his mouth and runs down to his chin. This constant moisture has acted as an irritant to the skin, and along its course ekzema is developed, but the thumb has escaped.

6667. A male infant, aged 3 months, has a mild attack of ekzema, the eruption being situated on one side of the head and face, on the shoulders, the sides of the trunk, and in the popliteal space. The chief point of interest in the case is that vaccination has failed on two occasions.

6793. A gentleman, aged 72, is suffering from ekzema,

which is dispersed on various parts of the body; it presents the squamous type, and he has suffered, he says, from ekzema from his infancy.

6513. A lady, aged 50, is at present suffering from ekzema of the head and of the fissures of the ears. She has been ekzematous from childhood.

6525. A medical man, aged 48, has suffered from hereditary ekzema since his infancy. At the present time (April) his head and face are covered with ekzema squamosum, and he is teased with intense itching arising from ekzema ani.

6202. A gentleman, aged 42, had ekzema in his infancy, and has been troubled with it from time to time ever since. At present (February), and brought on by the cold weather, he has ekzema squamosum fissum et ichorosum of the hands, and several other parts of the body, particularly the popliteal cavity. This is a case in which the alternate use of local stimulating and soothing applications is of value, and the internal administration of the arsenical solution, four minims three times a day.

6272. A gentleman, aged 46, is suffering from ekzema squamosum of the head and behind the ears. In the latter situation, as is usual, the eruption is accompanied with a little ichorous exudation and considerable pruritus. He is a hale, strong man, but has been ekzematous from childhood.

6280. A married lady, aged 32, has ekzema squamosum of the head and upper half of the body. Menstruation is deficient, and she has no family, but she is otherwise in good health. Ekzema first made its appearance a week after her birth. Her mother was a delicate woman, but of seven children our patient was the only one afflicted with this disease.

6401. A physician, aged 32, has ekzema capitis, also of the fissuræ aurium, axillæ, and groins. He has suffered from the disease since childhood, but has been worse during the last three years. His head is the region chiefly affected, and it is only during the last three months that the disease has extended to the groove behind the ears.

7224. A young gentleman, aged 13, has ekzema palmare of one hand, the remains of ekzema infantile.

7239. A young medical man, aged 24, has ekzema squamosum of the forehead, and ekzema papulosum on the limbs; he also suffers from asthma. The eruption made its appearance first immediately after vaccination.

7241. An unmarried lady, aged 66, has ekzema of the ears, pudendum, and joints. The disease began immediately after inoculation for small-pox; and her father, who entertained a prejudice against vaccination common in those days, accused

the medical man of using vaccine lymph. A few weeks after her first visit, in the month of December, she suffered from profuse discharge of mucus from her nose. On her neck she has a crop of akrochordones—a common accompaniment of age.

7243. A young lady, aged 18, has ekzema frontis, which has troubled her for two years; formerly she used to suffer with ekzema articulorum. In her infancy she had congenital ekzema.

7276. An unmarried lady, aged 36, has ekzema squamosum of the scalp. She is ekzematous from infancy, had scarlatina at the age of eleven, and a severe attack of ekzema ichorosum at twenty-one.

7368. A gentleman, aged 32, has ekzema poplitei of the right leg; it has troubled him for six months. He was the subject of congenital ekzema in infancy.

Hereditary Ekzema.—7591. A married lady, aged 37, has had ekzema of the palms of the hands and fingers, with rhagades at the tips of the latter, for three months. She has suffered from ekzema for fourteen years, and inherits the diathesis from her mother.

7589. A gentleman, aged 35, has ekzema pudendi, which has lasted two weeks; he has been troubled with circumscribed patches on the fingers and arms for two years. The disease is hereditary, his father having suffered similarly, and also a brother.

6747. A child, aged 6 months, is suffering from ekzema pustulosum, which began at the fifth week. The father of the child is ekzematous, the mother healthy; of eight children, the fruit of the marriage, one has ekzema capitis and another is the subject of furunculosis.

6158. A clergyman, aged 40, has been a sufferer from ekzema for six years, and from spring-asthma, or hay-asthma, since the age of eight years. His present attack occupies the hands, and was excited by having his gloves wetted through with snow. He is a man of weakly constitution, he is leukæmic, and subject to rheumatism; but all his ailments cease when residing at Brighton, his present dwelling being situated in a low and damp locality. His mother is ekzematous, and his sister has occasional attacks of ekzema of the face.

6163. A young lady, aged 16, has been troubled with ekzema since the age of three years; she now presents herself with the remains of the affection lingering around her mouth, particularly at the commissures, where there are several rhagades.

Her mother, aged 40, consults us at the same time for ekzema ani, and pruritus of the mucous surface of the labia pudendi.

6383. A male child, 4 months old, is afflicted with ekzema; the child has been partly brought up by hand. The mother has ekzema in the fissure behind the ears, and is the subject of hysteria.

6434. A medical man, aged 42, has suffered from ekzema pustulosum of the fingers for sixteen years; it makes its invasion in the spring, and is hereditary; his mother and a sister being also ekzematous. The present attack has given rise to inflammation of the lymphatics of one arm and enlargement of the brachial gland.

7286. A lady, aged 30, has ekzema pustulosum of the fingers; she was confined nine months ago, and since that event has remained languid and weak. The present eruption has lasted one week (August), but she has suffered for several months with ekzema papulosum, also of the fingers. One of her children, a boy, aged 6, has ekzema pustulosum of the ear, cheek, and nostril of one side; this has also lasted a week.

6773. A lady, aged 45, has ekzema sklerosum of the back of one hand; the patch of eruption is thick and dense, and has existed for ten years. Her daughter, aged 27, has ekzema erythematosum, which came on in December, and has lasted for six months.

7679. A gentleman, aged 39, has ekzema squamosum on the palm of both hands, which has lasted one month; some blotches on the legs have existed for six months; his first attack occurred ten years ago, and the eruption has shown itself, "spring and fall," ever since. On the hands and legs the eruption bears a close resemblance to the pityriasis rubra of Hebra. The patient inherits ekzema from his father.

Scabies phlyktænodes.—6628. A gentleman from Lincolnshire, aged 28, has had scabies for five months; it began in the hands, and has been under treatment for three months. As the true nature of the disorder had been overlooked, the eruption has spread to almost every part of the body. It is especially confluent and severe on the thighs, where it has been much aggravated by scratching, and in this region are four large bullæ resembling those of pemphigus, and numerous large vesicles or phlyktænæ. Fresh bullæ and phlyktænæ appear each day, while the older ones collapse and desiccate into thin scabs. Some of the phlyktænæ are umbilicated, and several of the bullæ have two or three umbilical indentations. In ten days under appropriate treatment this gentleman returned home cured.

6529. A gentleman, aged 38, and his daughter, aged 11, are both suffering from scabies; the daughter for three months, the father for two months. The eruption in the father presents

the peculiarity of being accompanied with large bullæ resembling those of pemphigus. These are developed chiefly on the thighs. At the end of a month of the mildest possible treatment, unguentum staphisagriæ diluted with three parts of unguentum zinci, ekzema appeared on the extremities, upper and lower, of the father; and ekzema vesiculosum on the hands of the child. From these facts we deduce the conclusion that father and daughter possess the ekzematous diathesis, which has been excited into activity by the scabies and its treatment.

Leichen pruriginosus after Scabies.—6205. A lad, aged 9, had been teased for four years with pruriginous pimples, leichen pruriginosus; the pimples were discrete and dispersed over the body, and were scarcely apparent until they had been scratched; they had, as is very commonly the case, succeeded scabies, and appeared to be uneradicable. The boy's mother, also, suffered from the same, and had become the victim of an itch-monomania, a not unfrequent delusion. We prescribed for both, three minim doses of liquor arsenicalis, spongings with a tar lotion, and ablutions with the juniper tar soap. The arsenic disagreed with the boy, and was suspended at the end of ten days, but the local treatment was continued, and he was quite well at the end of three weeks. The mother's progress was more tardy, and we had occasion to change the ferro-arsenical drops for a mixture of phosphoric acid, liquor strychniæ, and tincture of orange-peel, but she also recovered in a few weeks.

Etiology of Baldness.—8903. An unmarried lady, aged 28, had alopekia areata at the age of four years; the area has extended over the occiput and upon the temples, until it has produced almost complete phalakrosis. She is thin and pallid, and delicate in the chest, and a brother died of consumption. The area was caused by fright from setting her hair accidentally on fire, and her nervous sensibilities are morbidly acute. We prescribed for her strychnine and phosphoric acid in combination with chloric ether and tincture of orange-peel, and a belladonna pill at bedtime, while locally we ordered a lotion consisting of half an ounce of carbolic acid in half a pint of distilled vinegar. The internal medicine suited her admirably; not so, however, the lotion, of which she writes as follows:—"It seemed to affect the whole system; it produced great giddiness in the head, and caused a feeling of tremor all through the body, particularly about the heart, the sensation was so painful. Upon one occasion I thought I would apply just a drop or so to one spot, but the feeling was still the same."

Furuncular Diathesis.—6185. A lady, aged 35, has been

subject to boils since the age of thirteen, with a tendency to œdema of the lower limbs. She has had several children, and the œdema is always better during pregnancy; her youngest child is now three years old, and for two years the œdema has been more troublesome than before. At the beginning of the œdema the inguinal glands were enlarged. At present, in addition to the œdema, she is suffering from ekthymatous or pustular boils; and these have been lingering about her for twelve months. She is weak, and her assimilative functions are deranged, but she is otherwise well. The œdema is not passive, but the consequence of a chronic cellulitis. She has had ague, and the case reminds us of the "rose" of the West Indies.

Stearrhœa faciale.—6201. A delicate girl of 17 has the whole face, with the exception of her nose, mouth, chin, and lower part of the cheeks, coated over with a thick layer of inspissated sebaceous secretion. The concretion is of a yellowish-white colour, and has existed in this state for one year. As the morbid appearance of the skin was supposed to indicate some grave disease, washing with soap, the natural remedy of the disorder, had been carefully abstained from; consequently a correct diagnosis was succeeded by a rapid cure; the treatment being sponging with tincture saponis at night, ablution with juniper tar soap in the morning, and citrate of iron and quinine as a corroborant.

Fibroma corii seu Molluscum areolo-fibrosum.—6255. A young man, aged 38, a draper, has small cutaneous tumours dispersed over the greater part of the body, particularly the arms and lower limbs. He first noticed them in consequence of observing a sensation of aching and weariness of the arms, and he complains also of an unpleasant feeling of weakness and pain at his heart. The tumours evidently consist of a thickening from hyperplasia of the deep layer of the corium, sometimes producing prominence, at other times only appreciable to the touch. He has also a thickening of the fibro-cartilage of the pinna. Some of the tumours involve the whole thickness of the corium, but in the greater part the superficial layer of the corium is movable on the thickened mass. He discovered them about six months back. He is a delicate man, has suffered from rheumatism, and is liable to occasional bleedings from the nose.

Dysæsthesia dermatos.—6343. A gentleman, aged 27, suffers from a severe tingling itching when he gets warm in bed, and also after taking a cold bath. The painful sensation lasts for a quarter of an hour, and sometimes acts as a prohibition to the use of the bath. We have met with several instances

of a similar kind. At present he is annoyed with a papular folliculitis of the face, which has followed a catarrh.

Etiology of Lepra vulgaris.—403. A military officer, aged 30, has the inflammatory form of lepra erythematosa; it commenced by a single patch, and spread rapidly over the body and limbs, and has existed for seven months. The eruption is idiopathic, and was excited by a course of iodide of potass.

375. A strong man, aged 35, has lepra vulgaris scattered generally over the whole body; it began at the age of 28, and has lasted seven years. He states that after a hard day's work, and doubtless some exhaustion, he had gone to bed in a shirt saturated with perspiration, that he was "as cold as a stone" all night, and was ill for some time afterwards. A fortnight subsequently to this occurrence he was seized with a fit of excessive perspiration, during which the present eruption made its appearance, and the symptoms of internal disorder were relieved. The eruption in this case was evidently substitutive.

369. A young lady, aged 26, is the subject of lepra vulgaris. The eruption is scattered over her limbs in small patches, which are scarcely perceptibly raised, and which subside towards the circumference. The scales are thin and small, and the eruption generally possesses the characters to which we have given the subjective designation *pityriasica*. It has only made its appearance during the last three months, and is very itchy, and the itchiness is most troublesome at the menstrual period. Her general health is good; she is somewhat thin; and she states that up to the age of fourteen she was excessively fat, but having at this time suffered an attack of measles, her obesity disappeared, and she has been inconveniently thin ever since. The eruption rapidly gave way under the use of the local application of tar, and the internal use of liquor arsenicalis.

Physiological Effects of Arsenic.—6457. A gentleman, aged 24, has been annoyed with trichorrhœa for seven years; he complains that his scalp is very susceptible of heat and irritation, and the skin of his face, particularly of the eyelids and nose, is in a partially atrophic state. It is evident that the loss of hair is due to deficient nutritive power, and that the case is one in which the neurotonic influence of arsenic is specially indicated. We accordingly prescribed our ferro-arsenical mixture, of the strength of four minims of liquor arsenicalis to the dose, three times a day. At the end of six weeks, when we saw our patient for the second time, we found that the arsenic disagreed with him; we therefore ordered that it should be stopped. The hair, however, had ceased to

fall, and there was an obvious improvement in the nutritive condition of the skin of the eyelids and nose, but the face had a tawny-brown tint, which was very remarkable, and had very much increased during the past week. Indeed, his complexion was precisely that of a native of Hindoostan. Such was the curious effect of arsenic taken in a moderate dose for the short period of six weeks.

373. A gentleman, aged 33, has suffered from lepra since the age of six, consequently for twenty-seven years. The disease is hereditary, on the mother's side, gives him no annoyance from pruritus, and sometimes disappears for a while, to return without any apparent provocation. It sometimes breaks out on the face, but disperses from that situation in a week or ten days, under the use of arsenic. He has taken arsenic in combination with antimony for sixteen years, without injury to his health or inconvenience of any kind.

Cutaneous Sympathies.—6570. A delicate lad, aged 11, has ekzema of the edges of the eyelids, psorophthalmia, attended with a constant exudation of ichorous and puriform matter. This has lasted for four months, and has occasioned the loss of the eyelashes. A year back he had an ulcer of the leg; the ulcer was followed by a septic abscess in the thigh of the same leg, and later on by impetigo phlyktænodes around the mouth.

Leukasmos.—37. A young lady, aged 17, has several patches of leukasmos dispersed upon her trunk, neck, hands, and chin. The first spot made its appearance on her chest, just below the clavicle, five years ago; two years later other spots appeared on the nape and side of the neck, and one under the chin has shown itself within the last three weeks; so that the morbid phenomenon has been in slow operation since the age of twelve years. The spots range in size from two or three inches in diameter to half or a quarter of an inch. They are perfectly white, and abrupt at the margin, while the general complexion of the rest of the skin is of a deep brown colour, rendering the white spots the more remarkable, and the edge of brown skin which immediately bounds them is deeper tinted than the rest. It is evident, therefore, that, while the texture of the skin is unchanged, the pigment-forming function of the rete mucosum is in a state of disturbance, in the leukasmic spot itself totally arrested, at the adjoining border in excess, and probably in a state of augmentation over the whole of the rest of the body. Thus the areolæ of the mammæ are deeply pigmented.

Very commonly in these cases it is matter of observation

that the complexion of the skin of the whole body undergoes a darkening change, and this young lady is at present a dark brunette, and with a tint that suggests the idea of the hyperpigmentation being greater than natural. She is thin, somewhat leukæmic, as denoted by the whiteness of the conjunctiva, and delicate; while on the mammæ, another sign of a weakly nourished skin is indicated by the presence of striæ atrophicæ in their pink-tinted pearly stage.

Besides the original patch in the left subclavicular region, there are two on the back of the neck, near the occiput, one of large size on the left flank, two or three on the right hip, and three on the back of the right hand near the wrist, and they were all developed without symptoms of any kind.

The hereditary history of this young lady is calculated to explain these indications of debility of the skin. Her mother suffered from repeated fits of epilepsy during her pregnancy, and died, at the age of twenty-four, of phthisis.

It is obvious, in this case, that the absence of pigment is the consequence of exhausted cell-function, and it is also apparent that the disturbed balance of cell-power is manifested in the immediately adjoining part, and over the rest of the body, by excessive cell-function.

Arsenical Idiosyncracies.—A young lady, aged 25, who has been afflicted with lepra vulgaris since the age of thirteen, had prescribed for her our ferro-arsenical mixture at a dose equivalent to four minims of Fowler's solution twice in the day. After two days the medicine produced headache and sickness, and she therefore gave it up. We advised her to resume it in half-doses, and endeavour to conquer the resistance of her stomach. Should she fail in accomplishing this, she must desist from the use of a valuable remedy.

Another lady, aged 38, had prescribed for her by a brother practitioner arsenic in a larger dose, for pityriasis, a disease for which we do not recommend the remedy. It is fair, however, to say that, although it disagreed with her, a very troublesome pityriasis disappeared under its use.

Nervous Shock a Cause of Cutaneous Disease.—In a paper entitled "Dyschromatoderma, or Discolouration of the Skin," published in the *British Medical Journal* for 1863, we drew attention to the influence exerted by the organic nervous system in the production of pigmentary changes in the integument, and entered somewhat at length into an explanation of the physiology and pathology of that interesting phenomenon. We may further illustrate the subject by the narrative of a case which has recently fallen under our observation, and by a

brief commentary on the peculiarities of the morbid affection which that case exhibits.

A young lady, between 19 and 20 years of age, presented herself for consultation (July 13th, 1868), complaining of a small patch of brownish discolouration on the front of her throat. The patch was about an inch and a half in length, by a little more than an inch in breadth; it was situated to the left of the middle line, just in the bend of the head upon the neck. It was somewhat crescentic in figure, the concavity of the crescent looking upwards and spanning with its horns a circular patch of bleached skin. In fact, there was evidence of the original blotch having been circular, and at the present time the upper segment of the circle is unduly white, and the lower segment unduly brown; in dermatological language, the upper half of the patch is leukasmic, the lower half melasmic. The leukasmic portion is smooth and the texture of the skin fine and delicate, finer in fact than the surrounding healthy skin, while the melasmic portion is somewhat coarse and thickened, but without desquamation or any breach of the cuticle. In a word, the leukasmic portion represents the morbid skin in its passive and exhausted state; the melasmic portion in its active state.

The inexperienced would have wondered why an affection so apparently trivial—if anything can be allowed to be trivial wherein health and comfort are concerned—should have been submitted to the experience of the doctor; but the patient's account of it showed it to be a considerable inconvenience to herself, however inconsiderable it might appear to others. In the first place, the melasmic blotch, although only offering a lightish-brown tint, detracted from the beauty of her neck, and gave the idea of an unwashed skin. She was not herself aware of the leukasmic spot, which served by comparison to increase the apparent discolouration of its neighbour. She had suffered from this affection, she said, for two years; it comes on in the early summer and continues until the winter; sometimes it is tranquil, as when she appeared before us, but from time to time, and when she had been exposed to the heat of the sun, it would become red, rough, and swollen, extremely itchy, tender, and painful, from tingling and darting sensations. At other times also, and without any reason, it would be affected with pricking and stabbing pains, and at such times would prevent her from sleeping by intolerable pruritus.

It must be admitted that herein is a curious catalogue of suffering occasioned by a thing which might pass without observation, unless the attention were directed to it especially, and in a person apparently perfectly well in health. The

quality of the pain, with the insufficiency of the local morbid change to account for it, pointed very naturally to the cutaneous nerves as being the chief seat of the disorder, and decided its neurotic character. But when the patch of skin was excited by the nervous affection, it became red and swollen ; and when the hyperæmic excitement was allayed, the patch was of a deeper brown than before, and the surface became roughened by a fine desquamation ; finally the hyperæmia subsided, first in the centre of the patch, so as to leave a slightly prominent margin, and when in the winter all congestion had disappeared, and all nervous excitement was gone, then the skin assumed the character of exhaustion ; it was bleached and thin, and doubtless less acutely sensitive than the adjacent healthy skin ; from hyperæmic it had become in a degree anæmic ; from excess of pigment it had fallen into the opposite condition ; from hyperæsthesia it had lapsed into anæsthesia.

On looking at our patient constitutionally in search of a cause for the cutaneous affection, we were met by an obstructive answer to all our queries : appetite and digestion good, menstruation regular, circulation natural, nervous system tranquil, mind and spirits cheerful and equable, physical strength excellent. Finding that there was little chance of help from our patient, that she was not of the opinion with Hippocrates, that the patient must co-operate with the physician in the combat with the disease, we set ourselves to work upon a little exploration of our own. In the first place, we were dissatisfied with the appearance of the tongue ; in the second place, we ascertained that, although regular at present, she had been extremely irregular, but this symptom was in reality of little importance, as the girl was thin, not overblooded, and suffered no uterine pain ; but we found it necessary to collect together all the scattered fragments of evidence that fell within our reach. We next noted that her complexion was what in society is termed "muddy," but then it appeared that her skin had never been clear, although it was acknowledged that at present her tint of countenance was duller than usual, with a slight tinge of brown and yellow ; the sclerotic suggested the idea of porcelain, and the conjunctiva of the lower lid was pale ; in fact there was a pallid condition of the skin, amounting to the least possible approach to leukæmia. Our inquiry, therefore, determined two signs of considerable importance in relation to this affection, namely, a deficiency of the red element of the blood, and a superabundance of the melanic element, to which may be added an aberration of nerve-function, as shown by the variation of sensibility of the affected part of the skin.

Up to this time we had made out a case of exhausted nerve-force, of feeble sanguification, and melanic degeneration of blood corpuscles; but the cause of these phenomena was hidden. The disorder of the skin had commenced after a sea voyage, after long-continued and severe sickness—a fruitful cause of exhaustion of nerve-force, and one to which we were inclined to attribute the initiation of the affection; but the cause of its continuance was not so clear. The patient had no tenderness in the hypochondria or epigastrium; no indication of deranged functions of liver, spleen, or stomach; no nausea, no depression of spirits, such as we have previously described as being commonly associated with melanæmia; and it seemed as if we should be constrained to remain satisfied with a two years' history of the case, one which went no further than to show that in the instance of a delicate, growing girl, the vomiting accompanying a sea voyage had operated as a shock to the centre of the organic nervous system, that the immediate result was melanæmia, and that the heat of the sun had determined a local irritation and a local derangement of pigment of the skin.

At this juncture it was suggested by the aunt of the young lady that her sister should be called into the room to reply to some questions which we had considered unsatisfactorily answered by the patient; and the sister happily was able to supply the wanting links in the inquiry. We now found that our patient had menstruated irregularly from the earliest period of development of the function, but was in good health until four years back, when she received a violent mental shock from the sudden death, by an epileptic seizure, of a relative with whom she was travelling on the Continent alone. The immediate consequence of the shock was to suspend menstruation for many months, and she had never been quite herself since. She was for a long time hysterical, and even at present, when her periodical health was normally performed, she was liable occasionally to sudden fits of hysteria whenever alarmed or unduly excited. It was no longer a difficulty with us to discover why she should be the subject of a neurotic affection of the skin, nor why that affection should assume a pigmentary character; and the case served to confirm our previous experience that nervous shock operating on the organic system of nerves was capable, like organic changes in the abdominal viscera or their tributary nervous plexuses, of suspending normal sanguification and determining degeneration of the blood particles, together with melanæmia and melasmic and leukasmic changes of the skin.

Miscellaneous Memoranda.

On Syphilitic Disorganization of the Hair.—The following paper, from the pen of Mr. Erasmus Wilson, on the above curious and important subject, was read at the meeting of the Royal Medical and Chirurgical Society, on June 11th, 1867, and was accompanied with illustrative drawings and microscopic demonstration :—

"Diseases of the hair are, for the most part, nutritive ; they consist in an excess or diminution of quantity ; in a variation or loss of colour ; in an alteration of toughness ; and, less frequently, in a change of texture. The only disease heretofore reckoned as being due to an alteration of texture is tinea or phytosis ; but I propose to add another to the list—namely, one which results from an organic change in the structure of the hair proceeding from syphilis.

"Constitutional debility, however induced, is apt to be followed by defluvium capillorum or trichorrhœa, frequently ending in alopekia. Trichorrhœa, consecutive to fevers and parturition, is sufficiently well known to us ; and loss of the hair is one of the usually recognized consequences of constitutional syphilis. Ordinary causes of debility generally act equally over the whole surface of the scalp ; but the alopekia of syphilis commonly occurs in patches, as though following the corymbous type of distribution of the eruption on the general surface of the skin. Nevertheless, the final result is the same in both instances, the nutrition of the skin is disturbed, arrested for a while, and the roots of the hairs, deprived of their nutritive juices, die, and then break away at their bulb, and fall out. These phenomena are the most frequently observed on the scalp, and less commonly in the whiskers and beard ; and it is probable that the latter circumstance may be explained by the greater thickness of the stiff hairs, by the larger size of their bulb, and by the richer supply of blood-vessels distributed to their follicles. But these conditions, while they contribute to render the hairs more permanent, render them liable to morbid changes which have not hitherto been suspected.

"A gentleman, aged 26, became the subject of syphilis for the first time in August, 1864. He describes the sore as having been slight, and healing without difficulty, with the aid of a saturnine lotion, and the internal use of iodide of potassium. Two months after this time he suffered with sore throat, of no great severity, and without any eruption of the skin. Four months later he found his hair coming off in considerable quantity, and at the end of another month, when he first consulted me, he was in a state of alopekia. At this time he exhibited symptoms of cachexia, his skin was pallid and kakotrophic, the sclerotics and conjunctivæ were pale, the tongue soft and indented, the mucous membrane of the fauces congested, and the

tonsils swollen. He was a man of fair complexion and strumous habit, and the occipital and post-auricular glands were enlarged from irritation, communicated by the unhealthy condition of his scalp. With the aid of alterative doses of the bichloride of mercury, in combination with the tincture of bark, and the local use of a mercurial pomade, the fall of the hair was arrested, but in consequence of his state of debility it was many months before new hair began to grow. It was at this latter period that he called my attention to the state of his whiskers and beard. The hairs had the appearance of being blackened every here and there, their normal colour being red, and upon being combed, or lightly pulled, the hairs broke off at these discoloured spots. I removed a portion of the diseased hair, and the appearances presented by it when examined with a microscope are so remarkable that I have thought them worthy of the attention of this society, and now proceed to their description.

"The hairs varied considerably in diameter: some were cylindrical, some flattened and twisted, some straight, others curled; and individual hairs often varied in breadth from 1-450 to 1-100th of an inch, the normal bulk ranging between 1-150 and 1-130th of an inch. Many of the hairs presented constrictions and enlargements, and at these points an organic change in the structure of the hair became manifest.

"The diseased portions measured half a line to a line and a half in length, and had the appearance of being composed of a dark cylinder inclosed in a transparent envelope, while closer examination showed that the fibrous structure of the hair was lost, and its place occupied by a dark grumous-looking substance. Moreover, the swollen or bulbous portion was frequently split longitudinally through the centre, and exhibited an opening of considerable extent. The bulbous portion often measured 1-120th to 1-100th of an inch in diameter, while the size of the hair above and below the diseased point was 1-130th to 1-120th of an inch.

"The essential peculiarity of structure of the diseased hair was the arrest of development of the fibrous portion at its cellular stage; the dark cylinder, which forms the chief bulk of the diseased parts, being composed of large and small nucleated cells commingled with pigmentary matter, irregularly formed air-cells, and fragments of crystalline substance. The morbid structure may therefore be described as an expansion of the medulla, and, just as the medulla is the centre remainder of the hair unconverted into fibres, the morbid structure before us may be regarded as the unmetamorphosed cellular element of the hair retaining its primary cellular form. This cellular substance is continuous above and below with the medulla, and its homology of structure is very evident.

"The envelope which surrounds the above-described cellular structure at first sight resembles the cuticle of the hair, and suggests the idea of an hypertrophy of the cuticle; and the diseased hair appears to be composed of these two portions alone. But a more careful observation shows in some of the hairs a trace of fibrous structure in this situation, and leaves no doubt that the transparent envelope represents both the fibrous portion and the cuticle, the fibrous portion being sacrificed to the medullary element. Sometimes cells may be seen occupying the transparent envelope to its

extreme boundary, and the surface of the cuticle is roughened here and there by a state of partial exfoliation.

"The retention by the hair of its crude and early condition of a cell-structure in the morbid parts serves to explain the brittleness of the hair, its tendency to break at these points, and the other curious process already mentioned of splitting longitudinally. I found one hair which had split up longitudinally for the greater part of its length, and the split portions were rolled up into short curls.

"In conclusion, I venture to sum up the considerations suggested by the phenomena above described with the inference that the syphilitic cachexia which arrests the nutrition of the hair of the head and causes its fall, is apt, in the coarser hairs of the body, such as those of the beard, to arrest the development of the hair and cause the persistence of its early cell-structure; moreover, that the same cachexia, which in the skin gives rise to pigmentary discolourations, also occasions deposits of pigment in the abnormal cell-structure of the hair."

Specialism.—The following is from the pages of the *Italian Journal* of Diseases of the Skin, Volume I., 1866:—"*What is a specialty?* According to some opinions, it would seem to bear reference to a branch—skin diseases, for example—cut from the great tree of medicine, and destined to live an independent existence. Understood in this sense, a specialty is nothing more nor less than a collection of similar and unfruitful facts, deprived of every motive for their existence, and sterile of scientific consequences; while the specialist himself presents the insignificant image of a collector of antiquities. But can we possibly conceive in science a dermatologist, an ophthalmologist, or a syphilologist, who is not essentially a skilful physician also? It would be impossible to believe that Ehrenberg, the great micrologist, would have been able, without the aid and incitement of zoology, of geology, and of palæontology, to cast so much and so constantly new light over the wonderful regions of science.

"What syphilologist would be in a position to diagnose an intercranial periostosis if he were not at the same time an expert in the most strict doctrines of physiopathology? Who shall say whether the greater number of skin diseases are symptomatic or idiopathic? Who can be ignorant in these times of the infinite modifications which many internal diseases impress upon the skin? Who does not know the extensive class of internal maladies to which some species of skin diseases give rise?

"To resume. What, then, are specialties? From what precedents are they derived? What office do they accomplish? It is sufficient to reflect upon some of those colossal intelligences that shone forth so brightly in ancient civilization—sufficient to call to mind Hippokrates or Aristotle—to determine these questions exactly.

"When scientific phenomena were scarce, and observers even more scarce,—when science had hardly any laws, doubts, and contradictions,—generalization was easy enough; and if among such conditions a highly intelligent mind sprang up, the difficulty would not be great of grasping, in one comprehensive mental clutch, all the divisions of the most extensive science, or, indeed, the entire horizon of existing knowledge. It is in this manner that Hippo-

krates extracted the essence of every branch of medicine, and that Aristotle became the very symbol of every science. But observers increased in number, facts multiplied, and gradually, as science extended, universal knowledge remained no longer the possession of a single individual.

"In medicine, which is a science extraordinarily complex, and is altogether a great and indefinable art, a not dissimilar evolution may be traced. Step by step, as experimental induction advanced and took the place of conjecture, distinct diseases increased in number, and the series of inherent facts terminating at a given stage of morbid conditions served to concentrate upon themselves such a measure of attention and of study as would have sufficed at other times for the whole of nosology.

"The law of the distribution of labour governs the industrial worker, as well as the direct elaboration of human thought. It is the position which we see taken in the law, by distinguishing every day more completely between the criminalist and the civilist; among engineers, in devoting themselves by preference to mechanics, to architecture, or to hydraulics. But with precisely the same distinctions, eminently practical as they are, could it ever be concieved that an advocate or a judge who devoted himself to civil or penal questions would be for that reason less familiar with all the science from which jurisprudence emanates? And with greater reason still, could it be supposed that a physician should be less accomplished in his art who understood more thoroughly than another a specialty in medicine, and because he bestowed particular attention upon mental alienation, on diseases of the eye, or on skin diseases? To affirm this would be equivalent to denying the dependency, every day more revealed, of the various apparatus of which the organism is composed. Specialties, I am glad to repeat, express the abounding development and rapid multiplication of facts, the constant increase of observation, or the means of observation—in a word, the progress of science. But science remains one and indivisible, and he who desires to be a physician in the present times, after having studied the doctrines contained in mass in the collected volume, must study them separately in special treatises and special hospitals.

"It is, then, a natural direction that medical science is taking at present; it is a direction which has been from the beginning much circumscribed by books, and which is now making its own way in the journals. Very shortly, or I am much mistaken, medical journalism will on this point be entirely changed."

Cutaneous Eruptions caused by the Bromide of Potassium.—The *Wiener Medizinische Wochenschrift* records the observations of Voisin (communicated to the Paris Society of Medicine) on certain forms of skin disease induced by the administration of the bromide of potassium. He describes five different forms of eruption as due to this cause. The most frequent is an "*akneiform eruption*," which resembles akne simplex or akne induratum. It makes its appearance soon after the commencement of the bromide treatment, the doses being from three to four grammes. It is preceded by very severe itching, and occurs chiefly on the face and chest—on the former locality being limited to the forehead, and also to the nose; on the latter to the shoulders. In a child seven years of age Voisin observed a generally

diffused akne eruption accompanied by fever. The akne pustules, of the size of a pin's head, are hard at their base, and remain so about a month before becoming emptied of their contents. They occur more plentifully when the dose of the drug is suddenly much increased. This form of akne occurs preferably in lymphatic individuals, in youth, and advanced age, more frequently than at other times. The cold or heat of the season of the year has no influence on it. As regards its treatment, he recommends washing the parts with a solution of mucilage and the administration of diuretic drinks (the latter in order to diminish the amount of the bromide to be eliminated by the skin).

The second form of eruption observed by Voisin has, "as far as his knowledge goes," "no analogy in the known forms of skin disease." It appears in the form of *oblong or roundish swellings on the lower extremities, of a rose or cherry-red colour*, which then become yellowish, in consequence of certain millet-seed-like yellow prominences appearing upon them, which latter are aggregated akneiform pustules. These roundish swellings have a kind of depressed umbilicus in the centre ; their base is very hard ; they are unaccompanied either by swelling of the lymphatic glands, or by feverish symptoms. It is seldom that more than two or three of these swellings are observed on a patient at one time. They are very painful on movement, only their centre is insensible (even to pricking, cold, &c.). The pains are so severe that the patients are unable to move the legs. Voisin relates the cases of two women who, on account of this last symptom, could not leave their rooms for several months. These swellings disappear when the fluid they contain trickles out ; but this only occurs very slowly, the time varying from a month to a year ; then the swellings become covered with thick scabs, which remain until the tumefaction no longer exists ; when they have disappeared, persistent yellow scaly patches remain. These swellings sometimes become developed very rapidly, in three or four days ; they occur more frequently in winter.

Voisin describes this remarkable eruption as occurring six times in ninety-six epileptic patients who were under the bromide treatment.

The third form of eruption is much seldomer observed than the two preceding. Voisin has seen it only twice. It consists of *red, slightly elevated patches*, with very irregular edges, and of very varied forms, on the surface of the skin ; they were 4 millimetres to 2 centimetres broad, and, in one case, 6 centimetres long. These patches are cherry-red coloured on their periphery, and pale-red in the centre. They become pale when the patient makes any muscular exertion. The patients experience itching in the parts affected when in bed : pressure on them causes pain. In one case all movement of the limbs was painful. These patches occur on the upper and lower extremities, and on the trunk, but not on the face ; they vary in number from four or five to even twelve or fifteen on the surface of the body. They come and go with great rapidity, but always leave a slight subdermal elevation after them. In one case Voisin observed them associated with feverish symptoms, and in another with disorder of the digestion. When Voisin saw this eruption for the first time, he regarded it as an erythema nodosum ; but finding that it differed from that disease in its duration—

lasting six months whilst the erythema lasts, at most, three weeks,—he ascribed it to the effects of the bromide of potassium, especially as two of the patients had been taking this medicine during a period of three years.

A fourth form is a "*furuncular eruption*," from which several patients suffered during the bromide treatment. And, lastly, Voisin remarks that one patient had a very persistent form of ekzema on the legs, and a widespread pityriasis of the scalp.

Specific Characters of Varicella.—Dr. Thomas records the principal characters upon which he founds the opinion very generally admitted, that varicella is a specific affection distinct from variola. These characters are, the form of the eruption; more rapid development of variola; epidemic course; age of the individual attacked; uselessness of vaccination; period of incubation, varying from eight to thirteen days; negative results of inoculation; finally, other differential characters between varicella and variola are derived from the thermometric variations. Thus during the term of incubation a transitory elevation is often observed, although at the commencement of the eruptive period a prompt and vigorous elevation takes place. With respect to the fever, when this is slight, the temperature is from 100 to 104° of Fahrenheit. The duration of the highest maximum is from two to three days, and at the same time the fever was remittent. The decrease of temperature is rapid, and often completed in one or two days; the duration of the entire febrile period is three or four days. The course of the fever, besides its less intensity, is especially diversified in slight cases of variola, so that the development of the eruption in variola commences a short time before the appearance of the decrease, while in varicella, the eruption follows the commencement of the increase of febrile temperature.—*Archiv der Heilkunde.*

Arsenical Treatment.—Dr. Gailleton published recently "A Treatise on Diseases of the Skin," and we avail ourselves of that part of it which refers to treatment by arsenic. In the midst of the controversy which prevails as to the proper time for the employment of arsenical preparations in skin diseases, it may be useful to state the experience of a man who has given much attention to the subject. He commences by elucidating the physiological effects of arsenic, since it is on their capability of affecting the system, that the physician should lay down safe rules for augmenting or diminishing the doses of the remedy. It is particularly in the visual apparatus, in the digestive tube, upon the nervous system, upon the organs of respiration, and upon the skin, that such phenomena make themselves manifest.

Arsenical ophthalmia is especially characterized by redness of the conjunctiva, both palpebral and sclerotic, and by symptoms of blepharitis, with œdema. The digestive functions generally undergo a slight excitation by the use of arsenic, but when it happens to be antagonistic to the system, it gives rise to disorders of the digestive apparatus, marked by loss of appetite, by pains in the stomach, gastric catarrh, and diarrhœa. The nervous phenomena are more frequently represented by headache and pain in the temples. The respiration, which is observed to be more easy and fuller than ordinary in arsenic eaters, is rarely similarly affected in those

who employ it therapeutically. In the latter, on the other hand, symptoms of bronchitis, dyspnœa, and convulsive cough, often show themselves. The skin is the part of the organism upon which arise the most numerous and varied physiological phenomena, depending upon arsenical treatment. And besides the heat, redness, and troublesome itching, complained of by the patients, there occurs frequently exaggerated scurfiness of the skin and the appearance of pustular or furuncular eruptions.

The redness is sometimes uniform, at other times it is accompanied by red swellings analogous to confluent syphilitic erythema. Circumscribed œdema, urticaria, and papulæ, are other phenomena, which show a tendency to occur as consequences of the use of arsenic ; but they do not make their attack altogether, and this happens as well upon the healthy as upon the diseased parts. On the latter, however, a peculiar change of colour is usual, and in fact, after the arsenical treatment of lepra, the skin assumes an intensely brown colour, which will remain sometimes for many years after a cure has been effected.

Passing to the mode of action of arsenic, the author believes, that, combining with the protein elements of the blood, it favours organic oxydation. And in truth the results of this latter action, represented by chlorides and earthy phosphates, and more abundantly by urea, are markedly increased by the arsenical treatment. The elimination of arsenic is accomplished principally by the kidneys and the skin. The nutrition of the latter becomes evidently modified, and the physiological phenomena already mentioned, coloration, redness, œdema, eruption, &c., represent precisely the effects of this modification. The indications for the use of arsenic are anything but precise, and while some practitioners esteem it a panacea against all the chronic maladies of the skin, others recognize it as useful only in squamous affections and chronic ekzema. Without doubt it is a consequence of this discrepancy, that authors of note, such as Hardy and Bazin, while advising that arsenical treatment should be reserved for diseases of a dartrous nature, do not agree in the special indications, since they classify the cutaneous forms differently.

According to Dr. Gailleton, arsenic is useful in chronic cutaneous affections arising from internal causes, which have for principal symptoms, chronic hyperæmia, pruritus, slight thickening of the skin, and exaggerated epidermal secretion. Whence it is easy to perceive, how lepra, leichen, ekzema, prurigo, urticaria, and chronic herpes, make up the principal number of these affections. It is necessary, however, to observe that when the diseases have been derived from an external origin, or partake of a scrofulous or syphilitic nature, arsenic will be contraindicated. In the treatment of scrofula, arsenic is considered useful by some and hurtful by others ; Dr. Gailleton denying to arsenic a specific action against the external forms of scrofula, retains it as useful only when, employed in small doses, it favours and stimulates the digestive functions, thus improving the general condition of the patient. Neoplasma, elephantiasis, spargosis, and cancer, equally with scrofula and syphilis, are not in the least arrested in their course by its use. It has already been mentioned that arsenic is contraindicated when scrofula and syphilis complicate cutaneous diseases :

it is now to be added, as shown by experience, that diseases of the skin become favourably influenced by arsenic, only when they have lost their inflammatory symptoms.

Among the numerous preparations of arsenic, which have been employed in one or other of the various forms of skin disease, certainly the arsenites of soda and potass hold the first rank. Duchesne and Duparc much commended the arsenites of ammonia and of iron, in the cure of pityriasis. Gailleton used in preference the arsenite of potass, as having a rapid and energetic action against obstinate skin diseases. He rejected, as of little value, the compound preparations, such as the double iodide of arsenic and mercury, and the syrup of Devergie, into which entered iodide of potass, bichloride of mercury, and Fowler's solution. Arsenic acid, much praised by some, has the inconvenience of insolubility in its preparation. The doses in which the compound of arsenic should be administered, vary from a milligram to two centigrams. The different preparations act more efficaciously in proportion as they are severally tolerated by the system. The arseniate of potass is the most active, and the arseniate of iron the least so of the compounds usually employed.

As to the method of administration, it appears that authors are divided into two parties. The one party commences with small doses, and goes on increasing them until signs of intolerance are manifested by the system ; the other on the contrary, and among these the author, starting with the principle that arsenic is a cumulative poison, that is, that the effects of its doses are added successively to those which preceded, begins with a strong dose, and follows it with others weaker, preferring to make an impression upon the nervous system at one blow, rather than expose it to the complications arising from the method of long-continued and increasing doses. According to the experience of the author, therefore, the latter method will succeed with difficulty in producing the physiological effects already indicated ; it will be useless against obstinate chronic diseases, although the patients will not fail to exhibit the most marked phenomena of intolerance. Dr. Gailleton, therefore, with the intention of reconciling the rules of prudence with the requirements of method, in place of 20 drops of Fowler's solution, as Hunt advises, commences with 10 drops only, augmenting the quantity towards the end to 24 drops ; always carefully watching the state of the patient, so as to prevent accident. The division of the dose into three or four portions, and spread over the twenty-four hours, is one of the best means, by which, besides favouring the absorption, the danger of producing an irritant action upon the digestive tube may be avoided. The taking of arsenic fasting is absolutely pernicious, and to this plan are attributable, the gastric and colic pains that at times attack patients subjected to its use ; it should be taken either during, or immediately after meals, and it is best mixed with a little wine. Roast meat, fresh vegetables, and milk, should be the food selected, while care should be taken to avoid acid and starchy substances. The author also advises sulphur baths, which by stimulating the cutaneous functions, and by favouring elimination from the skin, render the treatment more active. The duration of this plan varies according to the effects produced. It is

five or six weeks when strong doses are used. When, on the contrary, the system of small doses is pursued, it should be continued one or two months, according to the susceptibility of the patient, and of the more or less recent date of the commencement of the disorder. Hunt gives the arsenic for a number of months, equal to the years that the disease has lasted. It is hardly necessary to observe, that these empirical rules have had their day. Finally, the author concludes by collecting together the general laws to which he has arrived as to the arsenical treatment, viz. :—

1st. To commence with a dose of 10 or 12 drops of Fowler's solution.

2nd. If the remedy be tolerated, to increase in eight or ten days to 16 or 20 drops, and to continue the same until the first physiological effects are manifested.

3rd. On the appearance of these symptoms, to diminish the dose by a third, and if the intolerance should become more evident, to suspend the treatment for some days.

4th. After this short rest, to recommence the treatment by small doses, 6 or 8 drops, to be increased slowly until the patient becomes decidedly convalescent.—*Journal de Médecine de Lyon*, 1867.

Xanthoma seu Vitiligoidea.—At the meeting of the Pathological Society, held October 20th, 1868, Dr. Murchison described, in some considerable detail, the appearances presented by the liver and the skin in a patient who had died with xanthoma or vitiligoidea. The patient had suffered from severe gastric disturbance for some time prior to admission. After entry into hospital, patches of xanthoma developed in both eyelids ; but there was no jaundice stated to have existed. At the post-mortem examination the liver weighed 87 ounces, and was made up of a dense white material, with jaundiced patches scattered through it, containing the remains of the lobules of the liver ; and on microscopic examination these changes were found to be due to the infiltration through the substance, of fibroid or adenoid deposit. Dr. Murchison thought the disease might be the early stage of cirrhosis. The changes in the skin were seen to be due to the presence of a large amount of oily matter, made up mostly of minute granules, but also nucleated cells, probably produced by the aggregation of the smaller cells. This material was in large quantity, and ran out on section into oily patches. As far as we could understand, Dr. Murchison imagined that the morbid alteration resulting in the production of oily particles commenced in the lining or walls of the sebaceous glands. There was no jaundice manifested by the skin.

Absorption of Iodide of Potassium by the Skin.—Dr. Ferrand refers to a case of iodism occurring in private practice, as a consequence of the application to the skin of dry iodide of potassium. This fact, besides showing the possibility of the absorption of dry substances by the skin, affords a new means of administration of this important remedy. The case was that of a female who was attacked by inflammatory symptoms in the pelvic region, accompanied with purulent evacuations through the rectum. After a careful diagnosis, it was established that these symptoms were due to the presence of an immense pelvic abscess, occupying all the space behind the uterus and the broad ligaments. Dr. Ferrand wished to combine with

the local symptomatic treatment the internal use of iodide of potass in pretty strong doses; but in a few days very distinct symptoms of iodism obliged him to desist, although the fitness of the remedy appeared already manifested by a sensible improvement in the condition of the patient. Scarcely had the iodic phenomena ceased, when the readministration of the iodide appeared to be justified; but it became necessary to suspend it again after three days. It was then that Dr. Ferrand thought of the application of dry iodide of potass. With this view he made the patient put on a shirt which had been previously dipped in a solution of two drachms of iodide, and then dried. After three days this shirt was replaced by a second, prepared in the same manner; but towards the end of the fourth day the iodic symptoms recurred. These symptoms were coryza, lachrymation, a sense of weight and pain over the frontal sinuses, a sense of occlusion of the posterior nares, muscular pain extending over the whole region of the neck, constant nausea accompanied with frequent vomiting, and smart fever. All these phenomena corresponded, in fact, with those previously observed during the internal iodic treatment; and although they appeared after a longer lapse of time, when the remedy was applied externally, yet they remained more pertinaciously, showing that if the action of the medicine were a little less prompt, it acted more deeply and persistently than was the case when administered according to the usual method.—*Bulletin Gén. de Thérapeut.*

Treatment of Itch in the Prussian Army.—Dr. Schultze having adopted liquid styrax for the treatment of itch, and after different experiments, Dr. Pastau proposed the following formula for the employment of the new antipsoric remedy:—Liquid styrax, 1 oz.; olive oil, ½ drachm; to be rubbed in at two dressings. Dr. Schultze then suggested a more easily miscible and more homogeneous composition, as follows:—Rectified spirit of wine, 2 drachms; liquid styrax, 1 oz.; olive oil, 1 drachm; for two applications. According to the author, the styrax does not spoil the linen; it has no disagreeable odour; two frictions at from twelve to twenty-four hours' interval are sufficient, but they should be performed with much care; it is necessary to cover with the liniment the entire surface of the skin, with the exception of the head, and not to miss a single fold of the skin. During the treatment the patient is prohibited from washing, so as to prolong the contact of the remedy. Irritation of the skin has never been observed to follow the use of the styrax. The scabious ekzema is not altered by it; the styrax only destroys the animalcules and their ova; but the eruption disappears also, and the itching ceases. In two or three weeks the skin regains its natural condition.—*Journal de Médecine de Lyon.*

Treatment of Hyperidrosis by Sage.—Van Sweeten used sage with good success in the treatment of *hypercrinia sudorale;* Dr. Vignard profited by this plan in the following case:—A man, 25 years of age, strong and healthy, was for many years from time to time the subject of abundant sweating, which came on at two or three o'clock in the morning, without any appreciable cause. The secretion was so abundant that the mattress on which he lay was soaked completely, and it was general over the whole body. Sulphate of quinine not having proved of any service, Vignard prescribed the following decoction: Leaves of sage a handful, water half a pint. These are

made to boil for about two minutes; they are then left to get cool together; the fluid is strained, and sweetened to taste. It is taken in the evening. The sweating ceased from the first day of the use of the decoction, but reappeared with the suspension of the treatment. From this good result Vignard advises the use of sage for the treatment of the sweating in phthisical patients, which to the present time there has been found no method of checking. On account of the fugitive character of the effects, it is necessary to keep the patient under the influence of the remedy as long as we desire to prevent the return of the disease. The efficacy of the decoction of sage is increased by the addition of alum, and of diluted sulphuric acid.

Herpes zoster.—Professor Oppolzer, in a lecture upon this disease, observes:—"By the name of Herpes is generally understood a cutaneous eruption, consisting of vesicles collected into groups and surrounded by inflamed skin. An erythematous redness usually first shows itself, followed by the appearance of small pimples; these group themselves in various forms, and cause a sensation of itching or smarting. These small pimples soon develop into vesicles, which at first are so small that it is difficult to recognize them, but which after a short time may increase to the size of a grain of hemp, of a pea, or of an ordinary bubble. The principal character of Herpes in general is, then, inflamed skin, upon which are developed vesicles attended by itching and smarting. The fluid contained in the vesicles is more or less transparent, and of a yellowish tinge; later it becomes turbid, and finally purulent. In the greater number of cases the vesicles become covered with a crust; when this detaches itself, there remains a red discoloured spot, which continues to be painful.

"Herpes zoster, called also Herpes zona, is a form of herpes in which a great number of groups of vesicles surround one-half only of the body. Sometimes some of the groups proceed at a right angle to the principal direction, at other times we observe two half-bands running parallel, and again a complete zone around the entire body. It is most frequent upon the trunk, more rare on the extremities. A principal character of the eruption is the pain, which is of two kinds. In one it is superficial, transient, and arises from the inflammation of the skin which forms the base of the eruption. In the other it is deep-seated, and has the lancinating character of neuralgia. The latter remains often for many weeks after the cessation of the eruption. Zoster is not always limited to a single half of the body."

Oppolzer has observed cases in which the eruption was double. The older writers make the same observation, but similar cases are rare. Hebra has observed only three in which it was double and symmetrical.

As to the fever there are surprising differences. Although in some cases the eruption is accompanied with smart fever, in others there is not even a trace, nor are there any general phenomena.

With respect to the pains which almost always accompany zoster, they are usually lancinating, and are attended with smarting and itching. In some cases these are likewise united with a sensation of chilliness, and often there may be added hyperæsthesia, which is not limited to the region of the eruption, but also radiates to various distant points. In one case Oppolzer also observed a loss of motion, which extended to the extremities in such a

manner that the patient could not move his arm or leg on one side but in a limited degree. This lesion remained for some time after the eruption had ceased. In this case the eruption was accompanied with severe shivering fits, without the presence of any important neuralgic phenomena.

Treatment of Varicose Ekzema.—Devergie drew attention, in 1846, to the following plan for the treatment of varicose ekzema as the one to which he himself gave the preference. He applied upon the diseased surface a compress soaked in the following solution :—dextrine, 4 oz. ; boiling water, 2 pints. The leg to be gradually swathed in a bandage wetted in the above solution, care being taken not to exert too much pressure. "It is then moistened afresh, and allowed to dry slowly. The apparatus is not to be renewed until the bandage becomes slack, which may happen towards the fourth or fifth day. The patient may perform this office himself : there is no need for baths, and the cure follows, in general, promptly. It is necessary, in employing this method, that the ekzema should not secrete very freely." Is it to the dextrine or to the compression that the cure is due ? Or do both act together ? Examples prove that compression alone is insufficient, since the patients wore at the commencement of the treatment the same elastic stockings that they continued to the end. On that point Devergie says :— "Having made each of the patients wear alternately a laced stocking and the bandage soaked in dextrine, the effects are infinitely preferable by the latter method. More than this, the affection will remain stationary with a laced stocking alone. As to the bandage without the dextrine, this is useful, but it becomes easily saturated with the fluid secreted from the ekzema, and then annoyance cannot be prevented, since it is difficult and sometimes impossible to soften the bandage with warm water, and as a consequence considerable excoriation takes place."—*Gazette Médicale de Lyon.*

Lupus Vorax of the Nose and Face, of Seven Years' Duration, cured in one Month.—A farmer, of a sanguine lymphatic temperament and healthy constitution, sought the advice of Professor Thiry, in May, 1867. He presented an ulcer on the nose of a serious character, involving the two alæ and the septum, which were partly destroyed. It had an irregular and foul surface, greyish in colour, with a tinge of violet at the borders ; it was swollen, hard, and callous, its edges turned outwards and bleeding easily. This ulcer extended from the alæ of the nose, with the same physical characters to the contiguous portions of the face, which were of a purple tint, and offered resistance to pressure, which denoted a passive congestion or obstruction of the capillaries. There was little pain, a scanty sero-purulent exudation ; the countenance altered, and of a disagreeable aspect, yellowish colour of the cheeks, the tongue clean, no glandular swellings, all the functions normal, no trace of scrofula or tuberculosis. There was no suspicion of syphilitic influence, since he was never affected with the least symptom which could permit an idea of the presence of this malady. The serpiginous ulcer, a true lupus vorax, progressed slowly, and extended in depth, as in surface, during seven years. He was subjected to many methods of treatment by the most eminent Belgian practitioners ; to arsenical preparations, to mercury, to iodine, &c. After a careful examination, in which Professor Thiry excluded as causes of the disease phthisis, cancer, syphilis,

herpetism, and arthritis, it was considered as a simple pathological alteration.

Having learnt that the patient, seven years before, had been exposed to intense cold, and had suffered from frostbite of the nose, the Professor did not hesitate to pronounce it a simple lupus vorax, produced by the action of cold; and that which corroborated such a diagnosis was the fact that during cold and damp weather the ulcer became troublesome, and improved when a dry and warm atmosphere prevailed. The treatment was based upon the following alterative plan, from which Professor Thiry foretold that in the course of a month the lupus would be cured. The first days of treatment were devoted to deterging and cleaning the ulcer. At the same time a purge, a bath, and a tonic regimen were prescribed. On the 12th of May the plan essentially alterative was commenced. A feather dipped in the acid nitrate of mercury was applied to all parts of the ulcerated surface, so that the caustic penetrated the altered tissues as deeply as possible. The cauterization being finished, the swollen parts that surrounded the ulcerated surface were rubbed with mercurial ointment of double the usual strength; a plug of cotton, spread with the same ointment, was introduced into the nose in such a manner as to exercise gentle pressure, and the whole was covered with a bread poultice. This treatment was renewed three times a day, and was preceded by bathing with a concentrated decoction of wood soot. Internally calomel was prescribed as an alterative in the dose of $1\frac{1}{2}$ grain every morning. The calomel was administered two days successively: on the third it was replaced by five drachms of citrate of magnesia. On the fourth day the patient took a bath, and on the fifth the calomel was renewed, and this succession was kept up in the manner represented without interruption; the dietetic regimen was animal, but only in small quantities at a time, so that the digestion might not be embarrassed. Every two days the cauterization with acid nitrate of mercury was repeated, and followed by the treatment detailed. Professor Thiry, in this alterative plan, insists on persistence with the caustic in order to arrive at a decisive result, and urges it all the more forcibly if the disease is chronic and inveterate, giving a caution to regulate the intensity of the cauterization according to the consequent effects. On the 7th of June the patient was able to leave the hospital perfectly cured. The cicatrization was complete and solid, and, strange to say, after so much injury the facial deformity was not very considerable.—*La Presse Médicale Belge.*

Action of the Skin in Bathing.—Dr. Ritter thus describes the conclusions drawn from his experience upon the action of the skin in the bath:—*Secretions of the skin in the water of the bath.*—1. The secretion of gaseous matters through the skin is not hindered by the bath. Carbonic acid and azote being soluble in water, pass directly from the skin into the bath, unless the temperature of the latter is diminished so as to arrest the cutaneous secretion. 2. The cuticle and chloride of sodium found in the water, do not represent the efforts of a vital action, but simply that of a physical process. 3. Carbonic acid and azote can alone be considered as true secretions of the skin. All other substances, such as chloride of sodium and albumen, are the products of perspiration dried upon the cutaneous surface, and their presence in the water of the bath is merely accidental.

Substances contained in the bath absorbed by the skin.—1. The absorption of substances contained in the water of the bath happens by means of osmotic phenomena. 2. Absorption involves imbibition by the diasmotic membrane. 3. The diasmotic action is in the inverse proportion of the thickness of the membrane. It results that the skin absorbs nothing from the water of the bath.

But the salutary effect of bathing being sufficiently established, it becomes a question in what manner this happens. According to the opinion of Ritter, a hot bath, by establishing the equilibrium between the temperature of the body and that of the bath, when the latter is hotter or colder than the body in its normal state, there occurs to the bather a sense of general vigour. At first the water irritates the sensitive fibres of the nerves of the skin, and then the bloodvessels. The results of this irritation are: contraction, and afterwards relaxation, of the capillaries of the skin, and at the same time hyperæmia and increase of temperature. The respiration and the pulse are at first accelerated; afterwards the latter becomes slower. The rush of blood towards the skin increasing, the sanguineous obstruction of the internal organs is disturbed, and the normal secretions, recently suppressed, are re-established. The nutrition becomes healthy, the appetite increased, the urine contains a greater quantity of solid material, and the creative forces, when they do not diminish in volume, remain stationary. The irritation of the sensitive nerves of the skin, transmitted to the central nervous system, by means of radiation and of reflex action, spreads itself to the organs. Thence comes a change of innervation, an increase of strength, and regularity in all the functions. Mineral and cold baths act in the same manner. In conclusion Ritter cites the deductions of Arè—deductions drawn from the experiments of Revail: 1. The increase of the weight of the body after a bath, supposing that it really happens, is too insignificant to be taken as a proof of cutaneous absorption. 2. It cannot be admitted that the skin has the faculty of absorbing the substances contained in a bath, when there are absent in the urine or saliva traces of the salts previously dissolved in the bath. Again, there is never perceived any alteration of circulation, or of innervation, following baths containing in solution belladonna and digitalis. 3. All baths, whether simple, mineral, or medicated, produce their effect only by contact, which differs according to the nature of the substance dissolved.—*Archives de Méd. Rat. et l'Union Médicale de la Gironde.*

Ainhum.—Dr. Da-Silva, a Portuguese physician, has described a new disease of the skin, peculiar to the African race, and called in the Indian language Ainhum, this word signifying, to strangle. Dr. Collas, however, describes the same disease as endemic in India. Among the African negroes it is tolerably frequent, and most generally has its seat in the little toe. Its etiology is now well known. According to Da-Silva, the disease commences with a slight semicircular impression at the internal part of the base of the little toe; this, in union with the digitoplantar groove, passes into a kind of gangrene, without any previous ulceration, without much pain, and without manifest inflammation. The toe towards its root gradually separates from the neighbouring one, although it approximates towards it

by its free extremity; it increases little by little to sometimes twice or thrice its normal size; the cleft extends on all sides, and becomes ultimately so deep that on separating its opposed margins, the small pedicle which unites the affected toe to the foot becomes visible.

The epidermis shrivels, and the toe assumes the appearance of a small potato. The nail remains unaffected but turns outwardly; the sulcus rarely ulcerates, although it deepens considerably, so that the first phalanx is quite exposed.

The duration of the disease, which begins by the formation of a sulcus, and terminates with the destruction of the toe, may be about two years.

At times, in the commencement of the disease, the patient complains of an obscure pain; afterwards walking becomes a difficulty, because the unnatural mobility of the diseased toe causes it to come to the ground before the others. Patients desire amputation, which may be done with a simple cut of the knife, leaving a wound that soon heals. Sometimes the disease occurs in both little toes at the same time. Histological research, made in a case of Dr. Wucherer's, showed a marked increase of the subcutaneous adipose tissue, effected at the expense of the tendons, bones, and other textures; of connective membrane there remained scarcely a trace. Also the spongy substance of the bones presented large cavities in concentric layers which surrounded the small Haversian canals, and these cavities were filled with adipose cells. There was no pus found in the bones. The disease should be diagnosed, therefore, as an adipose degeneration of tissue from want of nutrition.

Da-Silva mentions another disease as existing in Bahia under the name of Quigila, which the Portuguese consider as a variety of Elephantiasis of the Greeks. Dr. Collas, however, seems desirous of classing the Ainhum among the forms of leprosy of the toes. Both writers deny the identity of this disease with the scleroma of adults. They believe that a numerous series of observations are required before it is possible to determine accurately the nature of this affection.—*Archives de Médecine Navale.*

Vespajus—Vespajo del Capillizio.—Wasps' Nest of the Hairy Scalp.—Dr. Angelo Dubini, in the *Giornale Italiano delle Malattie Veneree e delle Malattie della Pelle*, 1866, p. 17, observes:—"By the above name I wish to indicate a disease of the scalp, which I have not found described in dermatological works.* It presents itself not unfrequently in young persons under the form of one or more large patches, of a round or oval shape, of the diameter of from two to three inches, and sometimes raised above the level of the skin. From these tumid and red patches oozes pus by a myriad of small foramina, which form the mouths of corresponding suppurating sacs in the substance of the skin and in the subcutaneous tissue. It is

---

* Our author will find it described by Celsus, and Paulus Ægineta (*vide* Journal of Cutaneous Medicine, vol. ii. p. 93; also, Appendix, p. 11, vol. iii. p. 20); also in our own writings under the name of inflammatio folliculorum capitis suppurans, and kerion. Under the latter name it is shown to occur 46 times in 10,000 cases of every form of cutaneous disease, a positive quantity. And the term kerion may be said to be generally recognized.—Editor.

not as in the common surgical favus [anthrax, Ed.], where numerous suppurating openings placed side by side, sometimes a single opening intersected by filaments of gangrenous cellular tissue, give exit to discharges by many outlets, because they are unable to eject them in the centre through a single opening. Here (in vespajus), the numerous little foramina correspond with so many small suppurating cavities, which, however, have not a hardened base forming a circumference of subcutaneous congestion. The hairs still exist, but few in number, and almost detached from their sockets ; they may be pulled out easily by a pair of forceps without the slightest pain to the patient, and without their roots showing any enlargement.

"In the various cases which came under my observation between 1861 and 1866, the ages of the patients varied from 6 to 13 years. They were for the most part peasants, sometimes citizens, but of the lowest class. Some presented from the beginning the characteristic patches raised above the surrounding surface, and pouring out pus ; others offered a deceptive appearance of impetiginous crusts, or partial ekzema of the scalp. In one case a single patch, round or oval, about the size of a five-shilling piece or a little larger, would constitute all the disease ; in another, a large central patch might be seen, surrounded by a constellation of smaller patches, all however pierced with foramina, elevated, red, and excoriated on the surface.

"Whatever may be the substratum primarily affected in this singular form of skin disease, it is difficult to determine. Inflammation of the scalp is evident, and it appears to me that almost all its anatomical elements, the sebaceous follicles which on the scalp open within the sheaths of the hairs, fibres of various kinds, vessels, sudoriferous canals, &c., are attacked at the same time, and with an equal degree of pyogenic action. Besides, the surrounding nervous structures suffer only in a minor degree, since although the inflamed skin shows itself sensible to touch, it is not complained of by the patient as the seat of much pain. The roots of the hairs are found detached from their receptacles and isolated, on account of the suppuration of the neighbouring sebaceous follicles, which pour out pus into the sacs of the hairs through their proper canals.

"Of the causes of the disease nothing is known. The patients discover that their hair for fifteen or thirty days is agglutinated together at a certain point, and that the skin which is underneath pours out a purulent discharge, and is painful to the touch, but they cannot give a single reason for the origin of the malady.

"The dermatologist may perhaps at first consider it as a degeneration of the pustules of common impetigo that has been neglected, and has had time to take a firmer hold upon the deeper tissues of the scalp. If, however, we consider the number of cases of crusta lactea occurring in infants, of simple impetigo often much extended upon the heads of adults, of granular tinea itself impetiginous, all pustular diseases of the same nature, and which ought to give origin to the development of vespajus, more especially when they are neglected for months, but which do not do so, and continue instead to present an impetiginous character, the mind refuses to admit such an origin.

"Let us in the mean time rest content with the sufficiently clear signs

which the disease shows, and with those means which experience has provided to overcome it in a short time. On a case of 'wasps' nest of the scalp' presenting itself, I am accustomed to have the hair cut at a short distance from the skin, to apply upon the head a layer of ointment, and outside that a poultice for twelve hours at least. The following day having removed any crusts which may happen to remain, and having pulled out with tweezers the small hairs implanted in the diseased skin, which may be done with little force and without pain to the patient, and the hairs of the surrounding healthy skin being shaved off, I pass on to the application of nitrate of silver. This remedy suffices in every case to remove the patch of disease, to cause the foramina which ooze pus to cicatrize, and to render pale the red surface of the affected part. Sometimes a solution of the nitrate in distilled water is employed of the strength of one to nine parts, applying it with a camel's hair pencil: at other times the glycerinum amyli with which has been mixed a solution of nitrate of silver in glycerine according to the following formula :—Nitrate of silver $\frac{1}{2}$ a drachm, dissolved in pure glycerine and added to $3\frac{1}{2}$ drachms of the glycerolate of starch. The pencilling leaves only a thin brown film, which is removed the next day by a poultice. The skin being cleansed, the pencilling is renewed the next, and so on alternately until the cicatrization is completed, and the disease removed. Cicatrization being completed, and a certain subcutaneous obstruction only remaining in the affected spots, recourse may be had to some local alterative means, such as anointing with ointment of biniodide of mercury ; with the black ointment of Alibert containing carbon and sulphur ; with the ophthalmic pomade of Janin ; or with that of bismuth ; covering the head immediately with a hog's bladder cut into the shape of a cap ; or, finally, with a solution of carbolic acid in vinegar in the proportion of one to one hundred parts.

"In every case in which this method of treatment was adopted, the cure was effected in about a month. There were among the patients some who required forty-five to forty-seven days' treatment ; others were cured in twenty-five to twenty-six days. It is not known, if in those cases of perfect cure the hair would be reproduced, sufficient time not having elapsed to ascertain the fact. There is, however, reason to fear that the profound alteration of the skin, and of the hair-follicles, may cause permanent alopekia."

Mechanism of a Blister.—Some very elegant and exceedingly interesting observations have recently been made by Biesiadecki, on the formation of one of the commonest—and it would seem hitherto inaccurately comprehended—lesions—a blister. If we ask a student how a blister is formed, he will at once answer, by the effusion of fluid beneath the cuticle, by which the latter is raised from the cutis, constituting the walls of a hollow cone, in which the effused fluid is contained. Now, if this were really the case, on cutting through the wall of the blister we ought to be able to remove the cuticle from the surface of the cutis, so that the latter—at least its papillary layer—would be exposed. We know that this is not so. Biesiadecki explains the difficulty. He has artificially produced small blisters, cut them out, macerated them in chromic acid, and obtained sections. He finds that not only has a change taken place in the cuticle but also in the papillæ ; in the case of the smaller bullæ, the papillæ are noticed to be enlarged, and lacunæ are

formed in their connecting tissue, whilst the vessels are very much dilated. The cuticle is found to be separated from the papillæ, but not from the inter-papillary portion of the cutis, where there exist a number of very minute bands or fibres. The cuticle is held down to the cutis more or less in this way. Where the outpouring of fluid is free, the blister is of course large, and the fibres just spoken of are torn away from the cuticle, sometimes from the cutis. At others, scattered amongst these fibres are "club-like cellular structures, with nuclei in their interior," and adherent to the papillæ below. In the fluid of the vesicle are corpuscular bodies. The fibres themselves, which run between the cutis and cuticle, are elongated cells, Biesiadecki affirms, produced from the cells of the rete mucosum, not the connective tissue; there are transitional stages between the rete mucosum cells and the fibres. The fibres are formed by the stretching of the cells of the rete mucosum, which are adherent to the papillæ below, the consequence of distension by the outpouring of serous fluid.

Mechanism of Ekzema.—Biesiadecki has recently investigated the special pathology of certain inflammatory affections of the skin, especially in regard to the cell-changes that take place in them. This observer starts with the proposition that the demarcation between the epidermis and the corium is not so distinctly defined as is generally taught. "In newly-born children, and even to some extent in adults, the two structures are continuous the one with the other." In infants the uppermost layer of the corium is composed of a homogeneous blastema and granules; the rete mucosum is made up of these same granules that have developed, and invested themselves with a layer of protoplasm, and as they gradually come nearer to the surface, they flatten out, and become more distinctly horny, the nuclei meanwhile shrinking, and causing the formation of vacuolæ around them. In addition, there are certain elongated cells in the rete mucosum which are supposed to be derived from the cells of the connective tissue. They are described as small fusiform cells, sometimes branched, containing one or several nuclei more or less flattened out and elongated (staff-shaped). Now it is believed by Biesiadecki that these particular cells play an important part in the development of skin diseases. In ekzema the papillary layer of the skin is specially involved; the first stage is transmission from the vessels of the papillæ of a clear serous fluid, by which the papillæ themselves are enlarged and, so to speak, distended. The peculiar cells spoken of a moment since rapidly enlarge in size and increase in numbers, whilst they are pushed onward towards the free surface amongst the cells of the rete mucosum. As they advance or migrate from the papillæ, these same cells branch, and form a network of fibres in the interstices of which lie the ordinary cells of the rete mucosum. Biesiadecki is of opinion that the branches unite together in such a way as to form "nutrient canals," and a channel by which the transmitted serum is conveyed to the surface. When pus is formed, Biesiadecki is of opinion that the connective tissue corpuscles increase at a specially rapid rate, so as to form a sort of layer oftentimes in the rete mucosum, and themselves give rise to corpuscles, the cells of the rete mucosum being flattened out and compressed into a semi-network of fibres.

Biskra Bouton.—This disease is very common in some parts of Algeria,

and Dr. Paynter, in the last Report of the Army Medical Department, gives the results of his former observation of the disease in the southern part of the province of Constantine, about 160 miles south of the sea-coast, at a military station. At this place the disease is endemic and attacks natives and Europeans, all sexes and all ages. It appears during the months of September, October, and November, at the end of the great heats of summer, commencing with an itching sensation, which is followed after a while by the appearance of a small tubercle the size of a pea, located superficially in the skin and subcutaneous tissue, remaining stationary for some time, then desquamating and ulcerating, and subsequently gives exit to a sero-purulent discharge. Dr. Paynter says, in its chronic stage, it looks like a small superficial anthrax. Differing in diameter from one to two or more inches, these spots give rise on squeezing to the oozing out of a thick pus-like secretion, through many separate orifices. The eruption appears on the arms, legs, dorsum of feet and back of hands, nose, cheeks, and ears ; and the number of spots varies from one to a dozen or more. The disease lasts from four to eight months or longer. The final result is an appearance like the cicatrix of a burn. The disease has been met with in the horse. Dr. Paynter remarks that the disease is similar to the Aleppo evil.

The Negro Skin.—Dr. Boisliniere thinks that the peculiar immunity of negroes from bilious diseases and sunstroke is owing to their having, as it were, *two livers ;* one interiorly, under their right ribs ; the other exteriorly over their whole body, in the form of their black skin. The black pigment deposited there is a species of black bile, or is made up of the constituents of bile, and it requires a great deal of this hydro-carbon to keep up that glossy, ebony hue. Hence he cannot get bilious ; for it takes all the bile he can make to keep him shiny and black. Hence he thrives even in the most malarious districts, and never has the bilious or yellow fever, but remains perfectly healthy and merry. He can work all day under a broiling sun and dance all night because he is of a shining black. The white man, unlike the negro, has only one liver, and that a white one, and quickly succumbs. Even the negro loses his brilliant black lustre at the north, and becomes ash-coloured, cold, and morose ; in spite of a generous and fatty diet, he cannot get bilious enough to keep himself warm and black at the same time.—*Humboldt, Medical Archives, New York Medical Gazette.*

Herpes in Children.—According to our experience, herpes is not common in infancy, and we do not remember to have met with an example in an infant under twelve months old. Dr. L. Thomas, in the *Archiv der Heilkunde* for 1868, records an instance of this disease in an infant only ten months old, the seat of the eruption being the right buttock, the thigh, leg, and foot. Von Barensprung regarded the disorder as not uncommon in children, and mentions its occurrence between the ages of eighteen months and five years.

A New Form of Akne.—Akne Punctata, an elegant preparation for giving beauty to the complexion, warranted by an eminent chemist free from all injurious properties, such as lead, zinc, arsenic, or bismuth, the principal ingredients of many of the washes and powders that are sold. Ladies using the Akne Punctata need not submit to the expensive process termed enamel-

ling, as this beautiful preparation renders the skin soft, fair, and brilliant. To be had only, &c.—*Newspaper Advertisement.*

Bromide of Potassium.—Dr. Salvatore Caro remarks, in connection with the disturbances arising from dentition, "In the most severe cases of odontitis, either with or without ulcerated gums or loose bowels, I have never failed to relieve the child by the local application of the bromide of potassium. Almost immediately after the first rubbing, the gums, from being turgid, swollen, and red, assume their natural colour, and a certain amount of ease is felt; saliva commences to dribble, and, as if by enchantment, agitation, carpopedal involuntary motion, vomiting and looseness of the bowels, disappear. As the vomiting and diarrhœa in this case are not the consequence of gastro-enteritis, but of an excitement of the stomach and intestinal mucous membrane, owing to the inflamed condition of the gums, I suppose it will never be cured either by the scarification of the gums or by the use of astringents or anodynes, but, as I shall hereafter prove, simply by the use of the bromide of potassium."—*New York Medical Gazette.*

A Simple and Easy Method of Ascertaining Death.—The Marquis d'Orches having offered a premium of twenty thousand francs for the discovery of a practical method of ascertaining death, available even in the poorest hamlet, Dr. Carrière, of St. Jean du Gard, presented the following, which he states he has put in practice for the last forty years; namely, placing the hand with the fingers closely pressed one against the other, within an inch or more of a lamp or candle; if alive, we observe the hand to be transparent, of a rosy hue, and capillary circulation, or life in full play. If, on the contrary, we place the hand of a dead person in the same relation to light, we do not perceive any of the above phenomena; we see but a hand of marble, without circulation, without life.—*Journal de Médecine et de Chirurgie, and New Orleans Journal of Medicine.*

Phytosis.—Mr. Hutchinson, in his Norwegian notes, remarks that phytosis versicolor, the pityriasis versicolor of Willan, is so common in Norway as to have elicited from Dr. Bidenkap the observation that "almost every one who wears woollen has it," and it is not thought worth treating. Phytosis tonsurans, or ringworm of the scalp, and phytosis favosa (skurv), are also common; alopekia areata is rare; and Dr. Bidenkap is a disbeliever in its dependence upon phytiform degeneration.

New York Dermatological Society.—A number of physicians interested in diseases of the skin met on the 15th of June, 1869, and organized the New York Dermatological Society, with the following officers: H. D. Bulkley, President; F. D. Weisse, Vice-President; H. G. Piffard, Secretary; F. Zinsser, Corresponding Secretary; R. W. Taylor, Treasurer; F. L. Satterlee, Librarian; Drs. Swift, Draper, and Keyes, Committee on Admissions. —*New York Medical Gazette.*

Correspondents.

Contributors are requested to send in their Papers as early in the Quarter as possible: all communications to be addressed to the Editor, 17, Henrietta Street, Cavendish Square.

LECTURES ON CUTANEOUS MEDICINE AND DISEASES OF THE SKIN.

BY ERASMUS WILSON, F.R.S.

LECTURE XII.

Leichen, Impetigo, Scabies.

GENTLEMEN,

THE term Ekzematous affections, or, in other words, ekzema and its allies, suggests the idea, which experience proves to be correct, that there exist certain modifications of ekzema apart from its ordinary manner of development, apart from the phases of difference which naturally belong to it, and which we have already very amply considered. Ekzema, be it remembered, presents to our observation as its pathological type an affection of the surface of the derma, and an affection of its follicular portion; an exudation both intrinsic and extrinsic, the nature of the exudation being a limpid, viscous ichor, or a fully elaborated pus; and a desquamation which one while is the simple exfoliation of the normal epidermis, and another while the product of desiccated secretions. Now, it so happens that one or other of these processes may exist so entirely alone that the general term ekzema ceases to be applicable, and we find a convenience in having recourse to other terms. This occurs where the eruption is one of papulæ solely, in which case we have at hand the word *leichen;* or where it is solely one of superficial pustules, which we express by the term *impetigo*. Both the papulæ of leichen and the pustulæ of impetigo may be so intimately commingled with the other pathological lesions of ekzema, as to constitute a part only of the whole; or they may exist in a form so distinctly separate, that, but for previous observation and experience, we might be led to regard them as distinct diseases. It is thus that we include, under the denomination of ekzematous affections, not ekzema alone, but likewise *leichen* and *impetigo*.

Then there is an affection which is papular, vesicular, pustulous, and squamous, often presenting together and at the

same time all the forms which we have now named, often possessing them separately, but differing from the typical ekzema chiefly in the nature of its cause, namely, a minute animalcule, the acarus, which lives and burrows in the epidermis, and is a true parasite of the skin. This is the disease *scabies;* which, but for its living cause, would be an ordinary ekzema; but which, in consideration of its pathological phenomena, must nevertheless be regarded as an ekzematous affection; and, moreover, very frequently continues as an ekzematous affection after the *vera causa* has been removed.

There is another affection that, so far as its cause and certain of its lesions are concerned, might be regarded as belonging to the ekzematous family, and so we have considered it hitherto; this affection is the *gutta rosea*. Like constitutional ekzema, it takes its origin in derangement of assimilation; it presents a multiple lesion consisting of hyperæmia, infiltration, exudation, and suppuration; and it yields to the same method of therapeutical treatment. But the progress of dermatology has rendered necessary the foundation of a new group of cutaneous affections, namely, those of the follicular system; and this group will absorb the gutta rosea and withdraw it from the ekzematous affections, bringing it, by virtue of its principal pathological seat, into relation with a disease with which it has heretofore been classified and somewhat confounded, namely, akne.

In our foregone review of the ekzematous affections, we have endeavoured to show that ekzema, in certain of its forms and at a chronic period of its existence, has received the pseudonyms of pityriasis and psoriasis. We have now only to add, that the other members of the ekzematous family, besides ekzema itself, are leichen, impetigo, and scabies. Gutta rosea, for the reasons already given, we shall omit, and reserve it for consideration in conjunction with a highly important group of disorders,—namely, the *follicular affections of the skin.*

Leichen.

Leichen, since the days of Willan, has been universally recognized as the denomination of a papular eruption of the skin; and indeed, as employed by him, was principally assigned to the form of eruption which in our own time we regard as an ekzema papulosum. At present we apply the term to an eruption of papulæ, in which all other signs of ekzema are absent, and which exhibits no tendency to degenerate subsequently into ekzema. The true papula is a prominence produced by hyperæmia and infiltration of the coats

of a follicle of the skin; while its breadth is governed by the extent to which the hyperæmia and infiltration spread into the adjoining tissue. The simplest idea that can be given of a leichen is that state of erection of the follicles of the skin which is termed *cutis anserina*. Cutis anserina is a physiological leichen, the prominence of the papules being produced partly by muscular action and partly by contraction of the interfollicular capillary vessels; but when this same erection of the follicles is occasioned by turgescence of the capillary vessels, and consequent infiltration, the leichen is pathological. Such, in fact, is the leichen tropicus, or prickly heat, a papular eruption which is sometimes almost as transient as cutis anserina. Pathologically, it will be seen that leichen encroaches in a certain measure on the territory of diseases of the follicles, and some little judgment will be needed in defining the exact boundary of the two.

Leichen is very generally a *scattered* eruption, disseminated more or less thickly or sparsely; sometimes it is equally remarkable for an *aggregated* and clustered or circumscribed character; and sometimes, in common with other cutaneous eruptions, it has a tendency to centrifugal or *serpiginous* growth. Very commonly it is *pruriginous*, and sometimes it is remarkable for the *figure* of the papulæ, for their *colour*, and for their development around the shafts of the *hairs*. This diversity of character has suggested the names by which its forms or varieties are known, as also the number of those varieties. For example, the scattered forms of the eruption are represented by leichen simplex and leichen tropicus, as well as by leichen pruriginosus, leichen urticatus, and leichen strophulosus. The aggregate forms have received the names of leichen circumscriptus, and leichen annulatus or circinatus, with its subvariety gyratus. The serpiginous form is represented by leichen annulatus; the pruriginous by leichen tropicus, leichen pruriginosus, and leichen urticatus. The forms exhibiting a peculiarity of figure are leichen strophulosus, leichen urticatus, and leichen planus. Colour is illustrated by leichen lividus; and seat, in relation to the hairs, by leichen pilaris. In a tabular scheme we may arrange these varieties of leichen as follows :—

Leichen simplex,	Leichen urticatus,
,, tropicus	,, strophulosus,
,, circumscriptus,	,, planus,
,, annulatus s. circinatus	,, lividus,
,, pruriginosus,	,, pilaris.

Leichen simplex is an eruption of small pimples, conical in shape, somewhat less than a line in diameter, more or less red in colour, and generally extremely itchy. They are distributed scantily or abundantly over a part, and less frequently over the whole of the body. They are sometimes dispersed at uniform distance, like the follicles themselves; and at other times are grouped in corymbose clusters. Sometimes they are distinct, and at other times united into a patch of variable extent by an erythematous base. From the very nature of their pathological seat they must always be distinct, excepting where they are, as it were, blended by an infiltrated or œdematous base, in which case their discrete character is partially lost. Leichen simplex is very commonly symptomatic of disordered digestion and assimilation; is frequently met with in the spring and autumn season of the year, and especially during the summer season; and its concurrent symptoms are sometimes sufficiently severe to suggest the idea of a *leichen febrilis*. At other times the eruption is due to local causes, and is more or less partial; limited, for example, to the region of the body covered by a heating article of clothing.

Like other forms of chronic eruption, the pimples of leichen are apt to be reinforced from day to day by successive crops; they remain prominent for several days, and then gradually subside, sometimes without any disturbance of the cuticle, at other times with desquamation. The eruption is liable also to be aggravated by the means adopted for the relief of the itching, sometimes by friction and sometimes by scratching, more or less violent. And when these local injuries have been severe, the part is apt to put on the semblance of ekzema.

Leichen tropicus, or prickly heat, is a leichen simplex provoked by the irritant action of excessive heat of atmosphere; and although common in tropical climates and rare in our own, it is nevertheless occasionally imported from southern countries, or prevails amongst ourselves during a very hot season. Like its milder prototype, it occurs on the clothed parts of the body, and is very rarely seen on the face and on the hands. Its pimples are red, and for the most part without red bases, and there is an absence of interfollicular suffusion, excepting where severe friction or scratching has been employed for the relief of the pruritus. The latter symptom, however, supplies the predominating character of the disease; it is always violent, and generally makes its attack in paroxysms; is excited and aggravated by the stimulus of food, by the heat

of dress and bedclothing, and thoroughly destroys comfort and rest. The form of the pruritus is expressed in the popular name of the affection, namely, prickly heat; but there is also, combined with this prickling, a varied amount of itching and stinging. In our own climate leichen tropicus has a duration of several weeks; in the tropics it is apt to continue until the constitution has become habituated to the climate, or until the climate undergoes a favourable change.

Leichen circumscriptus.—Leichen simplex, and its tropical representative, leichen tropicus, are both either general or partial; but the term "circumscriptus" introduces us to an eruption which is purely local, and limited to one or more isolated spots, generally of a circular figure, abruptly circumscribed, varying in diameter from one or two to several inches in extent, and studded all over with thickly-set pimples, the pimples of the circumference of the patch being somewhat larger and better defined than those of the centre. In these circumscribed leichenous patches there is generally some degree of suffusion which unites the bases of the papulæ. The interpapular portion of the skin is wrinkled, and there exists more or less epidermic exfoliation.

Leichen annulatus seu circinatus calls our attention to another not uncommon phenomenon of dermal pathology, namely, the erpetic or serpiginous tendency of cutaneous disease. The patches of leichen circumscriptus are stationary, or, if they exhibit any disposition to increase, their enlargement is slow, and the area of the patch undergoes very little change. Occasionally, however, the papulæ subside in the centre, and the circumscribed patch is converted into a ring, bounded by a border of variable width. This is an example of the circumscribed form of the eruption passing into that of the annulate. But the true leichen annulatus developes its annulate character from the very first. Two or three or more papulæ are seen to be united by a suffused base, the base extends by the circumference, the papulæ subside, new papulæ appear at the margin, generally a single row, and so the ring is established. The area of the ring quickly loses its redness and becomes yellowish; it is slightly wrinkled, and throws off a mealy exfoliation. The circles range in size from a quarter of an inch to several inches; they are often numerous, as upon the chest and upon the back, and occasionally the latter region is covered almost entirely by an assemblage of these rings blended confusedly together, the area of the broad patch being made up of broken segments of rings, separate

papules, and a yellowish brown, wrinkled, and furfuraceous base, and the boundary being constituted of segments of rings partly smooth and partly papular, a few bright red papules overtopping the rest every here and there. This kind of eruption is like the rest of the family of leichen, highly pruritic, and is often associated with a form of pityriasis of the scalp. To the irregular and confused figures resulting from the blending of a number of circles or segments of circles, the term *leichen gyratus* has, very characteristically, been applied.

The annulate variety of leichen now described is remarkable for its apparently feeble hold upon the skin, for its superficial and fugitive nature; but there is another annulate form, which is less rapid in its serpiginous growth, which affects the follicles more deeply, and which throws up a stronger margin of papulæ, and papulæ of a larger size and more persistent character. This form of the eruption is met with, sometimes, at the root of the neck, upon the shoulders and upon the chest, and sometimes around the circumference of the perineum. In the latter situation it entitles itself to the designation of *leichen marginatus*, and in some instances, doubtless, has been mistaken for ekzema marginatum. It is in this latter variety of eruption that the phytiform degeneration of the epithelium of the follicles was discovered by Köbner, and described by him and by Dr. M'Call Anderson; and this important fact, together with its extreme obstinacy, serves to bring it into the category of follicular diseases.

Leichen pruriginosus.—The papulæ which are excited upon the skin by scabies are remarkable for their itchy propensity; and these papulæ, of a pale colour, sparsely scattered over the surface, and often only discoverable after the act of scratching, will frequently continue for several weeks subsequently to the local cause of scabies, the acarus being destroyed. At other times they are the indication of a lingering, perhaps a solitary acarus in the epidermis, but not detectible after the closest search; and again, they may be present where no scabies, and, consequently, no acarus, has existed. In the latter form these scantily-distributed papulæ constitute the prurigo mitis of Willan, such is their persistency, and such the severity of the itching by which they are accompanied. They are found dispersed over every region of the body, but are most frequent on the abdomen and limbs, on the front of the forearm, the inner side of the thigh, and behind the inner ankle; and when they have been much scratched or torn they are apt to be covered with a small brown or blackish scab.

Leichen urticatus is another variety of pruriginous leichen, partaking, as its name implies, of the papular character of leichen, and also presenting the tubercular prominence of urticaria. It is an eruption common to children, and rarely seen in the adult, and consists of large papulæ, sometimes sparsely scattered, sometimes occurring in clusters of three or four, and dispersed over the whole body, but most abundantly upon the shoulders, the loins, the abdomen, and the limbs. In general appearance the papulæ resemble the bite of the bed-bug; they are surrounded by a broad areola of redness; when scratched the central papule looks bleached, like the wheal of urticaria, and when the head of the pimple is torn off it becomes surmounted by a small brown or black scab. The eruption is successive, a few pimples appearing every night, and their development being attended with excessive pruritus. They are excited by emotion and also by the warmth of bed; their itching destroys sleep, and after a while they endanger the health of the child by prolonged irritation. The eruption is always obstinate, lasting for many months, and sometimes extremely rebellious.

Leichen strophulosus is a papular rash met with on the delicate skin of infants, and occupies a separate position rather in compliment to Willan than for any practical end. The papulæ are proportionately larger in infants than in the adult, and present some variety in distribution, in colour, and in duration. The *strophulus intertinctus*, or red gum, and *strophulus confertus*, the rank red gum, or tooth rash, would seem, by their name, to have been associated in the mind of Willan with the development of the teeth, a fruitful source of infantile irritation; while the term strophulus is suggestive of disorder of the alimentary canal. Strophulus intertinctus is a commingling of bright red papulæ, red puncta, and erythematous blotches, in patches of variable size, commonly met with on the cheeks, but also not unfrequently distributed upon the body and limbs. Strophulus confertus consists of papulæ which are less vividly red and more uniformly distributed, and which, whenever they occur in aggregated patches, take on the exudative characters of ekzema. *Strophulus volaticus* is simply a more transient form of the preceding; and strophulus albidus and strophulus candidus are distinguished by the absence of redness, wholly or in part.

Leichen planus is a very remarkable form of eruption, consisting of papulæ which are broad at the base, flat and seemingly glazed on the summit, slightly umbilicated, of a dull

purplish-red colour at first, and, in certain situations, discrete and isolated; in others, united by a hyperæmic and infiltrated base into patches of variable extent. The eruption is chronic in its course, generally symmetrical, sometimes itchy and sometimes free from pruritus, and leaves at its decline a deep brown stain on the skin. Heat and exhaustion are its common exciting causes; it occurs for the most part at the mid-period of life, and its favourite localities of development are the front of the forearm, especially just above the wrist, the loins, the abdomen, the hips, the knees, and grooves of the skin produced by the pressure of dress; for example, of the stays and of the garters; occasionally, we have met with it also on the palm of the hands, the sole of the foot, the tongue, and the buccal membrane of the mouth.

The purplish-red colour; the discrete distribution; the flat, somewhat depressed, summit; smooth, horn-like or glazed surface, and central hilum, the aperture of a follicle choked with epithelial exuviæ, are the pathognomonic characters of this eruption in its papular state; and even in its aggregate and diffused form these pathological characteristics are not wholly effaced. In the latter condition the patches bear a close resemblance to lepra; the affected skin is thickened and somewhat raised, and coated over with a rough but thin layer of scales of broken epidermis mingled with the exuviated epithelium of the follicles. The squamous matter, however, is not white as in lepra, but yellowish and greyish, and a careful inspection detects without difficulty an obvious difference. Moreover, around the circumference of the patches may always be seen a few isolated papulæ presenting the ordinary discrete type.

The pathological essence of leichen planus is inflammation of a follicle attended with accumulation and impaction of its epithelium; the glazed summit of the papule is not a scale, and in the discrete form of the eruption it subsides with the rest of the papule; but in the aggregated patches it is thrown off by exfoliation, in common with the interpapular epidermis and of the epithelial exuviæ of the follicle. In this state, if a portion of scale be carefully raised, it may be seen to be studded upon its under surface with conical cylinders which have been drawn out of the tubes of the follicles.

There would seem to be good reason for belief that the leichen planus of ourselves is identical with the leichen ruber of Hebra, the structure of the papule in one case and its colour in the other being taken as the specific character of the eruption. If, however, this surmise be correct, leichen planus is more common in England than in Austria, and at the same time very much milder in its course. With us it must be regarded

as a trivial affection, whereas, in the practice of Hebra, it was always grave and very commonly fatal.*

Leichen lividus and Leichen pilaris are simple follicular papules, in the one instance distinguished by a purple or livid colour, resulting from retarded circulation; in the other, by embracing the shaft of a hair at its issue from the skin. Both these forms are seen the most commonly in the lower extremities, and especially below the knee; and leichen lividus is sometimes associated with the petechiæ of purpura.

Impetigo.

Ekzema, leichen, impetigo, scabies,—herein is a heterogeneity of terminology that at first sight is somewhat perplexing; ekzema and leichen, both of them Greek; impetigo and scabies, both Latin. Moreover, there can hardly exist a doubt that impetigo and scabies, as used by the Latins, were actually synonymous with the ekzema of the Greeks. But we shall best serve the purpose of elucidating the problem, not by creating unnecessary difficulties, but by defining, with all the precision we are able, the scope of these several terms as they are employed at the present day. Ekzema, as we have seen, is characterized by several pathological lesions, of which two are papulation and pustulation. Leichen and impetigo represent these latter lesions when they are present alone: leichen is a papule, and impetigo a pustule. When, however, leichen and impetigo constitute a part of ekzema, the forms are known by the names of ekzema papulosum or ekzema leichenodes, and ekzema pustulosum or ekzema impetignodes. Thus it is that we are enabled to perceive the close alliance of these several affections, distinguished by such a diversity of terms; and by the same means we acquire our strongest argument for considering them in the aggregate as *ekzematous affections*.

By the word "pustule," at the present day, we mean a vesicle containing pus; but the term was in use long before the matter of pus was identified or understood, and is employed by Celsus to signify an eruption of prominence merely, giving rise to unevenness or roughness, and wholly independent of the nature of its contents, being sometimes a solid papule, sometimes a vesicle, and sometimes a vesico-pustule. Now, however, we recognize two principal kinds of pustule,—one superficial, a sero-pustule or muco-pustule, termed *psydrakion*, literally, a cold or non-inflammatory pustule; and *phlyzakion*,

* Journal of Cutaneous Medicine, vol. iii., page 54; also page 117.

a more deeply-rooted or inflammatory pustule. The former is the pustule of impetigo; the latter, that of ekthyma.

Impetigo, therefore, is an eruption of superficial pustules, of minute size, developed on an inflammatory base, of a pale yellow colour, drying up in the course of a few days into an amber-coloured scab, or forming a crust of considerable thickness by continued secretion of a purulent fluid. The purulent secretion varies in its tint of colour and also in its density, being sometimes brightly yellow, sometimes of a cream-like hue; sometimes thick and viscous, sometimes diffluent and serous. The yellow colour of the crusts suggested to the Greeks the idea of dried honey, which they expressed by the term *melitagra*. And the scabs and crusts remain adherent to the inflamed surface for one or two weeks, and then fall off, leaving behind them no permanent trace of their existence.

This eruption presents us with two principal varieties, namely, impetigo figurata and impetigo sparsa; impetigo figurata being an aggravated form of the disease, consisting of circumscribed patches of various extent; and impetigo sparsa, a scattered form, in which the eruption is dispersed in single pustules, or in small clusters of pustules, more or less extensively over different regions of the body. A common seat of impetigo is the face, where it may occur in small circular patches an inch or two in diameter, situated near the angles of the mouth or nose, or it may cover the entire surface of the face.

Impetigo makes its appearance in the form of small red spots, which rapidly coalesce; in the centre of each red spot there speedily rises up a minute pustule; the pustules increase quickly in size; and if there be several or many pustules, they constitute a coherent cluster, surrounded by other red spots and incipient pustules, and sometimes bounded by an abrupt border. There prevails in impetigo a decided tendency on the part of the pustules to spread by the circumference; sometimes the spreading periphery assumes a semi-pustular or vesicular character; and then we have presented to us a form of the eruption which is termed impetigo phlyktænodes.

Impetigo is an eruption evincing a lower degree of power than either ekzema or leichen, and is met with chiefly at the nutritive period of life in weakly children; among the debilitated and cachectic in youth and in the adult; and among the poorer classes. One of its forms, namely, impetigo phlyktænodes, is frequently epidemic, prevailing in districts and families, and leading to the suspicion of contagion. Such cases are met with not unfrequently among the out-patients of hospitals, but are rare amongst the wealthier classes; and

the common occurrence of the eruption in several children of a family at the same time has induced Dr. Tilbury Fox to regard it as contagious, and to give it a name expressive of contagiousness, namely, "impetigo contagiosa."

Scabies.

None of our terms has been more diverted from its original signification than the word scabies. In the language of the Latins it stood as the representative of the Psora of the Greeks; the disease implied by the terms psora and scabies was the same; but, by degrees, it has fallen from its high estate, and is limited at present to that condition of irritation and eruption of the skin which is induced by the presence in the epidermis of the acarus scabiei, the sarcoptes hominis of Latreille.

The eruption of scabies is one of a multiple lesion; there are papulæ, vesiculæ, pustulæ, and desquamation, sometimes all of these together, at other times one only or two, the precise form of the lesion being governed by the temperament, the age, and the state of health of the patient. In the infant, abounding in fluids and endowed with weak and sensitive tissues, vesiculæ, giving out a viscous and colourless exudation when broken, may predominate, with here and there a sprinkling of vesico-pustules and a scattered papulous rash distributed over the general surface of the body and limbs. In the adult, with drier and firmer solids and less irritability of tissue, the eruption may be chiefly papulous; while, in the cachectic, the leading feature of the eruption may be the development of vesico-pustules. The amount, therefore, and the kind of eruption, are not to be regarded as evincing a greater or less severity of the disease, but merely the degree of sensitiveness, of irritability, of the organization of the individual.

It is worthy of note that in scabies there exist two forms of irritation; the one, a direct irritation, corresponds with the habitat of the acarus; the other is indirect, if you will, sympathetic or propagated, and is evinced at a distance from the focus of the cause. The habitat of the acarus is the hands; in the infant the feet as well as the hands; and, next to the hands, the organs of generation, the podex, and the boundaries of the axilla, parts which are easily reached and subject to be touched by the hands, the hands being the original source from which and by which the animalcule is conveyed. These considerations weigh with us in forming our diagnosis: a suspicious eruption, papulous and pruritic, be it ever so

abundant upon the body and limbs, loses its claim at once to be regarded as scabies unless it be present also upon the hands. The state of the hands is our first inquiry, our first investigation, in establishing the diagnosis of scabies; and if there be no eruption on the hands, a *primâ facie* case is made out against the presumption of scabies.

Let us glance for a moment at the natural history of the acarus in its relations with the skin. The animalcule is of three kinds,—the impregnated female, the young of both sexes, and the male; and the habits of these three members of the same family are widely different. The impregnated female bears away our chief interest in connexion with the development and maintenance of the disease, and is the object of our search for the confirmation of our diagnosis. Impelled by the maternal instinct, she seeks the hands to excavate her burrow for the deposit of her ova, for the security of her young,—and well knows the adept where to find her,—not in the exposed region of the hand, where danger of extinction might impend, but in the grooves of flexion, and especially between the fingers. And even here there is a difference between the soft, moist hand of infancy and the horny palm of the adult. In the adult our search would commence with the soft skin of the interdigital surfaces; then we should examine the ulnar border of the hand; and, lastly, the grooves of flexion of the wrist. But in infancy and childhood we should be content with the palm of the hand for our observation, where the epidermis is thickest, and we should expect to find the burrows starting from the grooves of flexion and extending their gentle curves and zigzags into the open space. In the feet also, in infants, the burrows are to be sought for in the thickest portions of the epidermis, in the sole, and upon the borders of the foot.

Cuniculus is the burrow of the rabbit, but the cuniculi of the acarus are more artistic than those of the burrowing mammal. The mother acarus begins her operations, when she can, from one of the grooves of motion of the skin, which, like the trench of a besieger, protects her from danger while she opens the ground; she then bores steadily onwards parallel with the surface, until she reaches a distance of safety and convenience; here she constructs a vaulted cave, wherein she deposits two pairs of ova, and perforates the vault of her chamber that she may breathe easily herself, and that through the opening her young may receive air as soon as they are hatched. This being accomplished, probably the operation of a single night, she pushes her tunnel onwards the following night, until space for another chamber, ventilated from above as before, is obtained, and here a second pair of ova are depo-

sited; and so she goes on, night after night, until her tunnel has reached a length of half an inch, and until she has deposited probably from twenty to forty or fifty ova.

There is nothing so important to the medical man, in connexion with scabies, as the recognition of the cuniculus of the acarus. It is easy enough, having found the cuniculus, to discover and capture the animalcule, the indisputable proof of scabies; but for ordinary diagnosis the demonstration of the acarus is altogether unnecessary, the cuniculus is the really important pathognomonic evidence. Therefore it is not too much to require of the student of dermatology that he should make himself thoroughly at home with the appearance of the cuniculus of the acarus, and, like a true sportsman, be familiar with the characteristic tracks of his game. Let us look once again over our guiding points, at the outside features of the lair of our prey. On the skin of the interdigital surface of the fingers, on the ulnar border of the hand, on the folds of flexion of the wrist, and, more distinctly still, along the embankment of the lines of motion of the palm of the hand of infants and children, we shall see, in scabies, a whitish, almost glistening line, fluted somewhat like a string of beads, more or less curved in its course, starting at right angles from the grooves of motion, terminated abruptly by a slightly bulbous end, and ranging in length from two or three lines to half an inch. Such is the cuniculus scabiei, and if it be inspected more closely, it may be seen that it is not strictly white, but greyish in appearance, the greyness resulting from the presence of a blackish matter in the cuniculus, the fæces of the animalcule: then, if of any standing, the proximate end of the cuniculus is ragged from the wearing away of its roof; sometimes it is marked by a series of black spots, occasioned by the intrusion of dirt into its air-holes; sometimes it crosses the dome of a vesicle, and may be seen traversing the epidermic wall; and sometimes, when such a vesicle has dried up, there may be seen a circular area bounded by a ragged edge, the remains of its base, and the cuniculus appears to be a continuation of this area.

But suppose we want to dislodge the acarus, to exhibit her to the outside world, we then fix our attention on the slightly bulbous end of the cuniculus. It is remarkable for its whiteness; it looks as if it had within it a little white globe, and this little white globe, bounded at the extreme end of the cuniculus by a reddish-brown semilunar streak, thick in the middle and tapering to the ends. This little white globe is in reality the animalcule, and the reddish-brown semilune the

chytinous covering of its head and arms. Puncture the dome of epidermis at this point with a fine needle, and briskly twitch it up, so as to tear the dome, and the acarus will be brought into view; we have now nothing further to do than to insert the needle into the open cavity, and the acarus will cling to it firmly. The creature will appear at the tip of the needle like a minute white globe, and with the utmost ease may be transferred to the nail, or to a glass slide, to be examined with the microscope.

But the study of the cuniculus teaches us yet another lesson: the grubbing and boring of the acarus necessarily excite an irritation of the derma at the seat of the operation; the irritation is manifested by the development of a serous vesicle, sometimes a sero-purulent vesicle, and the cuniculus is lifted upwards away from the derma, and may be seen as a linear streak in the layer of epidermis which constitutes the wall of the vesicle. It is probable that in this way both the cuniculus and the acarus are sometimes destroyed, but at other times the acarus escapes the sudden upheavement, and continues her work beyond the limit of the vesicle. Occasionally the irritation caused by the operations of the acarus excites the formation of a similar vesicle in the immediate neighbourhood of the cuniculus, sometimes several; and the irritation propagated from cuniculus and vesicle, or vesicles, causes others to be produced at a distance, and so, by a propagated irritation, more active in some subjects than in others, the cuniculus becomes associated with vesicles, and the disease scabies is established.

We have now only described the phenomena attendant upon the presence of a single acarus; but if you will suppose the existence of several of these causes of irritation—and you have only to wait until the progeny of one of the cuniculi is hatched to have ample grounds for such supposition,—you will understand how the irritation caused by the presence of acari in and on the epidermis may produce irritation in the immediate neighbourhood of their haunts, and that the irritation may be propagated to the most distant points of the surface of the body. And, further, that the irritation will be manifested by vesicles, by vesico-pustules, by papulæ, by scratches inflicted in the efforts to relieve the itching of the skin, and by a broken and ragged state of the epidermis.

But hitherto we have taken no notice of the young acari and of the males; the former of these linger in the neighbourhood of the parental haunts, nestling in the cuniculi and in hollows of the broken skin. While the males—fewer in number than the females—are endowed with remarkable

activity and energy, and rove over the whole surface of the body in search of the unimpregnated female. Another curious and practical example of the habits of the acari is, that they repose during the day, and indulge their activity in the evening and during the night. Hence our presumption that each of the moniliform flutings of the cuniculus is the work of a single night; hence also the exasperation of pruritus in the evening and in bed; and hence, besides, a more important matter, the greater liability of transmission of the disease by bedfellows and during the night.

The diversity of consequences produced by the acarus in different individuals—in other words, the difference in severity of the scabies—is very remarkable: in one person a few papules, in another the most violent torment; in some exciting a leichen pruriginosus, prolonged for several months; in others a troublesome ekzema; and in others, again, a phlyktænoid eruption, approaching to pemphigus. And these secondary effects may continue after the primary disease has subsided, and when every acarus is destroyed. Nevertheless, we have occasionally met with cases in which the phenomena of secondary scabies have been prolonged for a considerable period, and wherein, after careful search, a single acarus has been discovered, not, as usual, upon the hands, but upon the border of the axilla, or upon some part of the genital apparatus.

The day has gone by since mention used to be made of varieties of scabies; but Willan and Bateman describe four kinds of the disease, founded on the popular terms, "rank, watery, pocky, and scorbutic"; or, in technical language, scabies "papuliformis, lymphatica, purulenta, and cachectica." At present we abandon all such distinctions, and regard the differences in proportion of papulæ, vesiculæ, and pustulæ, and the graver or slighter forms of eruption, as the mere accident of the constitution of the patient.

Diagnosis of Ekzematous Affections.

The attention which is devoted by dermo-pathologists to diagnosis evinces a wholesome spirit of scientific inquiry, although it may not be actually necessary for the therapeutical management of the disease; and the close and precise discrimination upon which diagnosis is founded is nowhere more important than in the exact determination and differentation of the ekzematous affections; and this, not only with the view to establish their special pathognomonic characters, but also to lay the foundation of a negative diagnosis in reference

to other diseases. The question may sometimes arise, is it ekzema? is it lepra? is it syphilis? And when this difficulty obtrudes in its greatest force, it is convenient by negative signs to eliminate first one and then another of the doubtful affections, until that which remains stands alone, and establishes thereby its unmistakable identity. We have already called your attention to the multiple characters of ekzema; we have shown that one or other of those signs may be absent without disestablishing the diagnosis of ekzema; we have seen that the most pathognomonic of the characters of ekzema is exudation, whether extrastitial or intrastitial; and we have also shown that the separate existence or isolation of one of the lesions of ekzema—for example, its papulæ or its pustulæ—is recognized as a special affection under the name of leichen or impetigo. And, furthermore, that one or more of the lesions of ekzema due to a particular cause, namely, the presence of an animalcule in the epidermis, is the disease scabies.

In the diagnosis of leichen you will have to bear in mind not only its papular character, but also the absence of other signs indicative of ekzema. You must remember the pathological seat of its papulæ, their sometimes dispersion and sometimes aggregation. Their occasional special relation to the hairs, or to an exuviative epithelial affection of the follicles, and their frequent variety of colour. The eruption, moreover, is sometimes concentric and circumscribed, sometimes centrifugal and annulate; commonly pruriginous; sometimes partaking of the neurotic character of urticaria, or modified by the seat of its manifestation, and also by age. The point of greatest moment in the diagnosis of leichen is one which is as yet not ripe for our consideration, namely, its distinction from other forms of folliculitis, originating in different causes. For example, you are sure to fail in your early attempts to distinguish leichen annulatus from tinea or phytosis annulata; and your failure will not be your own, but attributable to the present state of dermatology. To this subject we intend to give our full attention at some future and not very distant day.

The diagnosis of impetigo is expressed in a very few words, namely, *a superficial vesicle containing purulent fluid.* Just as the presence of pus in connection with the pathological disorganization of ekzema, whether the pus be simply a product of the morbidly secreting surface, or be developed in the form of minute pustules in the circumferential integument, is the pathognomonic feature of ekzema impetiginodes, or ekzema pustulosum; so the presence of superficial pustules or vesico-pustules, apart from any other of the lesions of

ekzema, is the characteristic of impetigo. Its occurrence in figured clusters on one or more regions of the body, or its scattered distribution, is self-evident; while its assumption of the vesicular type in a debilitated state of the tissues of the skin is made manifest in impetigo phlyktænodes. Dried pus, again, or the combination of pus with a viscous muco-purulent fluid, gives the yellow, the dried honey colour, to the crusts and scabs of impetigo.

In the diagnosis of scabies, on the other hand, we neither look for vesicles nor pustules as the primary indication of the disease; indeed, both may be absent. Our attention is chiefly drawn to the papulæ, to the marks of scratching apparent on the skin, to the ragged condition of the cuticle in the haunts of the acarus; to the subjective symptoms, the itching at night, the pruritus of the wrists, the prevalence of a similar affection among other members of the family of the patient; and, lastly, the detection of cuniculi.

Cause of Ekzematous Affections.

We have already gone so extensively into the cause of ekzema, that little remains to be said with especial reference to leichen and impetigo. Scabies is especially interesting to us as teaching the kind and the amount of pathological alteration of the tissues of the skin that may be occasioned by a purely local cause; in demonstrating the activity of propagation of irritation by means of the skin; and the tenacious continuance of irritation, even when the exciting cause is withdrawn. The causes of leichen are one while *local*, as in the instance of the eruption occasioned by the use of garments made of a rough or heating material, and to some extent in leichen tropicus; and another while, and more commonly, constitutional; depending, in fact, upon causes which are identical with those of ekzema. Leichen planus would seem to be the combined result of debility of the skin and disorder of the functions of assimilation.

Prognosis of Ekzematous Affections.

Although the ekzematous family includes some of the most severe of the affections of the skin, yet none are especially grave, apparently for the reason that the skin is not a vital organ, and its derangements are not so seriously felt by the economy as those of other organs,—the lungs, for example, the liver and kidneys, or the alimentary canal. Ekzematous affections, with the single exception of scabies, originate in debility, in debility of tissue accompanied with more or less

of general debility, and derangement of the functions of assimilation and secretion. This complication naturally tends to render ekzematous affections chronic, and often serious; but, unless attended with excessive pruritus, they exert very little influence upon the constitution, and are to be considered more in the light of indications of a disordered and enfeebled system than as exercising any direct influence upon the life of the patient.

Therapeutical Treatment of the Ekzematous Affections.

Much that has been said with regard to the separate treatment of ekzema will apply equally to that of leichen and impetigo. The indications to be observed are, in the first place, the *constitutional* state of the patient; and, secondly, the *local* condition of the skin. The constitutional state of the patient may present disturbance of the digestive, assimilative, and emunctory functions, or a condition of simple debility; or both these states may be present in unequal proportion. The local condition, on the other hand, may be one of inflammation or mere irritability.

Upon this general principle we may regulate our salines, aperients, and alteratives, on the one hand; and our tonics on the other; and locally, our refrigerants, our sedatives, and our stimulants.

In leichen simplex and leichen tropicus, the two most active forms of the eruption, we shall derive advantage from the use of effervescent salines and saline aperients. Sometimes the state of secretion of the liver may be suggestive of a moderate use of blue pill or grey powder. And we may complete our work with an alkaline or acid tonic, or with citrate of quinine and iron. Our local remedies in these cases are dusting powders, a lotion of aqua calcis with oxide of zinc and calamine powder, a lotion of bicarbonate of ammonia or soda, or one of acetate of lead. If the pruritus be troublesome, an emulsion of bitter almonds with hydrocyanic acid; and if the skin be abraded and irritated by the action of the nails, the benzoated oxide of zinc ointment with spirit of wine, spirit of camphor, or carbolic acid.

Leichen circumscriptus, leichen annulatus, leichen pilaris, and leichen lividus, are all of them chronic forms of eruption, and, besides the necessary means for regulating the digestive, the assimilative, and emunctory functions, require tonic remedies, possibly arsenic, and the use of tonic or stimulant local remedies, such as the lotion of bitter almonds with perchloride of mercury, a lotion of sulphuret of potash; or zinc,

mercurial, or sulphur ointments, the zinc ointment being combined with carbolic acid; the mercurial ointments being those of the white or red precipitate, considerably diluted, and the sulphur ointment that of the sulphuret of potash. One or two applications of tincture of iodine will often disperse local patches of circumscribed or annulate leichen without further treatment.

Leichen pruriginosus, so often a sequel of scabies, may be one of those theoretical cases in which unimpregnated female acari, or solitary males are alone left upon the skin. It will often yield to the unguentum staphisagriæ, unguentum potassæ sulphuratæ, or to a lotion of the perchloride of mercury in emulsion of bitter almonds.

Leichen planus, besides constitutional treatment to regulate unhealthy function of whatever kind, may require the ferro-arsenical mixture. While, locally, its most important remedies are the bitter almond emulsion with perchloride of mercury (gr. ij. ad ℥j.), the unguentum potassæ sulphuratæ, and the solution of the pentesulphide of calcium, or solutio sulphuris cum calce.

Leichen strophulosus and leichen urticatus are both eruptions of infancy, and in both a regulative and tonic treatment are required. A perchloride of mercury solution in emulsion of bitter almonds is best suited for the former, while a lotion of juniper tar with soft soap and alkohol is almost specific for relieving the pruritus of leichen urticatus, and, where the latter fails, the unguentum staphisagriæ is indicated.

In impetigo, besides the restoration of the functions to the healthy standard, tonics are imperatively called for, and especially chalybeates and the citrate of iron and quinine, and, after the use of these, arsenic will often be found useful. The best local applications are the lotion of lime-water with oxide of zinc and calamine, or the ointment of zinc with carbolic acid (gr. v. ad ℥j). The latter is especially suited to the phlyktænoid form of the eruption.

Scabies may be cured with a word, and that word is *sulphur*. Rub a little sulphur ointment, made fragrant by the addition of oil of chamomile, thoroughly into the hands night and morning, and wash the rest of the body with sulphur soap, and at the end of a few days the cure is complete, and with a sound skin. Where the use of the sulphur ointment in the morning would be inconvenient use dry sulphur instead. And, besides the cure, the patient is saved the danger of communicating infection from the first moment of applying the remedy.

The blundering old days of confining a patient to the

blankets for a week or more, and excoriating his skin with a twice-daily inunction of sulphur and hellebore, have long since ceased to exist; and modern conundrums are not worth the trouble of a thought. From the palace to the pigstye, there is no more perfect, cleanly, and certain method of treatment of scabies than the sulphur cure as adapted to the better class of society. The oil of chamomile not only disguises the smell of the sulphur, but by its own odour is destructive of the acarus. And if the smell of the sulphur be really an objection, we have in reserve a valuable application, the unguentum staphisagriæ of Bourguignon.

The prejudice against the "sulphur cure" has given rise to a variety of suggestions of other methods that are still *sub judice* and not yet generally accepted. In a few instances we have made use of the *styrax cure,* but we are not yet prepared to venture an opinion with regard to it. The best form of application of this remedy is that proposed by Dr. Schultze, which consists of one ounce of liquid styrax, two drachms of spirits of wine, and one of olive oil. These substances are to be blended thoroughly together, and the resulting compound is sufficient for two applications. It must be carefully smeared over every part of the skin, with the exception of the head, and repeated in twelve or twenty-four hours. Care must be taken that no part of the skin is allowed to escape; and the liniment must not be disturbed for several days, when a thorough ablution puts an end to the treatment. This liniment is wholly unirritating to the skin, and has no tendency to excite ekzema, as is the case with the sulphur ointment.

Dr. Silas Durkee, of Boston, conceives that much of the therapeutical value of the sulphur applications is due to the solvent action of the alkali, which is usually combined with them; and he proposes, instead of using sulphur alone, to rub soft soap thoroughly into the affected parts of the skin. The soap should be left on the skin until it produces a "severe smarting or tingling sensation," and then washed off with warm water. One application, he says, will frequently suffice for the cure, but sometimes two or three may be required, in which case the saponation should be repeated every third or fourth night. The possible irritant effect of the remedy needs to be watched; it is sometimes very considerable, and for infants and young children an ointment is to be preferred, consisting of ten or fifteen grains of the iodide of potassium to the ounce of lard.

There is a curious and barbarous method of treatment of scabies practised in the Belgian army, which is called a speedy cure, and is attributed to the Medical Director-General,

Vlemingkx. The detail of the method is amusing, and serves to point a moral and complete a tale. The process is to rub the patient down with soft soap for half an hour; then to wash off the soft soap and no little of the epidermis during another half-hour; in the next place, to rub him down with the solutio sulphuris c. calce for a third half-hour; and, lastly, to wash off the solutio sulphuris c. calce, make him dress, and send him back to his military quarters.

AIDS TO THE STUDY OF DERMATOLOGY, BY CASTS IN PLASTER OF PARIS. By ERASMUS WILSON, F.R.S., Professor of Dermatology in the Royal College of Surgeons of England.

THE talent of drawing is given only to the few; and to still fewer the talent of colour. Nevertheless, the art of delineation is one means, and a very important one, of medical study, the value of which must be admitted without hesitation by us all. Who can forget the diagrams of the anatomical and physiological theatre, the folios of plates by Cloquet, Bourgery, or Quain; the woodcuts in our classbooks and our manuals; or, to come at once to the subject before us, the plates of diseases of the skin by Alibert, by Willan and Bateman, by Rayer, by Willis, by Wilson, by Neligan, by Hebra, by Danielssen and Boeck, and by the New Sydenham Society? How often has it crossed the mind of many with a sense of regret, that a valuable aid to learning was lost to them through the absence of the pictorial faculty? Or, I might illustrate the subject further by calling to mind the help to the teacher as well as to the taught; the admiration of the class which is awakened, the attention which is secured by the ready talent of delineation, and the clear insight into a subject which is often given by a fragment of chalk, tracing its rude outlines on a black background.

In every subject of pictorial illustration there are two features of chief importance to be considered; the one of these is *form*, the other is *colour*. The correct blending of form and colour together bestows perfection on the picture; but under certain circumstances there exists an antagonism between the two. Form is characterized by a sharp, well-

defined outline; but colour very often dims or slurs the outline, and clouds the definition; we get the general effect at a sacrifice of precision and exactness. In a work of art it may be desirable to afford space for the play of imagination. In works of science we require accuracy alone, carried to the limits of the utmost rigour. It is not the work of the poetical artist that we desire, but the harsh severity of the preraphaelite limner; or, perhaps I may be permitted to go further, and say, it is not painter's work that we need at all, but printer's work. We seek for the accurate precision of a well-cast type, upon which we can bring to bear the compass and the rule, and, in case of need, the lens or the microscope.

In general this kind of exactness is not demanded from our illustrations. We can afford a smile at the expense of the enthusiastic student, who, with a lens, should seek to define the fibrillæ of muscles, the arrangement of nervous plexuses, or the distribution of capillaries in an anatomical plate. It is true, that we may sometimes gain an approach to this kind of accuracy in a successful photograph; but then the photograph must be unusually successful; and even when that is the case, we are troubled with fixed lights and shadows which it is impossible to overcome.

In the illustration of dermal pathology colour has a certain importance; but, in truth, a very secondary importance in comparison with form. It has its reds of various hue; its blues and purples; its browns and yellows; and even greens; but these never have been and never can be imitated with perfect accuracy. There are artistic reasons why this must always be the case, and the best that we have ever seen or can hope to see are simply approximative. We can distinguish the coarsest tints, such as the scarlet of scarlatina, the crimson of measles, the copper-red of dermato-syphilis, and the amber-colour of lupus non exedens; but even in looking on them the true artist will experience a feeling of disappointment. In general our best illustrations are little better than the rude drawings, which we usually denominate diagrams, and can never approach the standard of nature.

What then, we may ask, is the intrinsic merit of a delineation, if colour is delusive? My answer would be, *form*. The microscopic investigator never feels the absence of colour when form is before him; the red corpuscles of the blood are not red in the field of the microscope; neither is muscular fibre; nor can he distinguish the yellow tint of pus. And yet he is satisfied, because he has the most substantial and least changing of the qualities of objects spread out before his eye;

lending itself to his manipulation, to his measurements, and to his chemical tests. Let us suppose that we have presented to us a life-like drawing or painting of small-pox, or measles, or scarlatina; yes, it is beautiful, we unclasp our pocket lens, we look for the pathological features of the disease, the pustules in one, the papules in another, the texture of the integument in the third. Alas! they are all wanting; as a work of art the picture is superb; as a scientific illustration of structure it is utterly useless. But putting the picture to a less severe test, we endeavour to count the number of pustules in a given area; to note their grouping in circles, or rhombs, or squares; to determine symmetry or the reverse. Alas! what proof have we that the artist has noted each pustule singly, or has placed it, in regard to others, as it was grouped by nature. Nay, he has not; he has not attempted an impossibility; we must again be satisfied with a coarse imitation, with a rude approximation.

I have long since come to the conclusion myself, that colour is of infinitely less importance in a scientific investigation than form; and that if we have precise form we approach as nearly as is permitted to men, to scientific accuracy. For the colour I would trust rather to the tongue than to the easel, to descriptive illustration than to the artists' colourman. And, moreover, colour is fleeting and changeable, the colour of the night and of the morning, of yesterday and to-day, are wholly different from each other, and may be trusted more safely to the word-picture of the observer than to the imitative genius of the artist.

Now it happens, and very fortunately so for those from whom the artist talent has been withheld, that there is a means of recording form which is infinitely superior to that of the artist draughtsman, or of the photographer, and yet so simple that every student of medicine can, from the very nature of his studies, accomplish it, and with the greatest ease. This is the art which I have now taken up my pen to illustrate, and which is nothing more than making a cast in plaster of Paris of the object to be represented. Many years since I was asked by a clergyman, in the board-room of a hospital, how many perspiratory pores there were on the palmar surface of the hand. I felt ashamed at being unable to give an answer to the question at once, and returned home with the intention of counting them. If my reader will glance at the palm of his hand, he may infer that the task I had undertaken was not an easy one; but, as we are taught from the cradle, knowledge is power, and in no great number of minutes I had achieved my purpose. A cast in plaster of Paris represents

every line, every marking, every ridge of epidermis, every sweat-pore, with the most complete accuracy, just as it would reproduce every tracing on an ancient coin or on a seal; in the quickest space of time I had the cast of my own hand before me, in a few minutes more I had traced the boundaries of a superficial square inch upon the surface of the palm; this was divided by two cross lines into spaces of a quarter of an inch square; the calculation of the number of sweat-pores in a quarter of an inch was the work of a few minutes only, and the problem was solved:—given the number of superficial square inches of the palmar surface of the hand, and the number of sweat-pores in each square inch; the total number of sweat-pores follows as a mere matter of course.*

It was not very long after this occurrence that a friend wrote to me, asking how many hairs there were upon a man's head. At that moment I had a patient under my care who had just had his head shaved. A cast in plaster was the work of a few minutes, and by the return post I was enabled to reply with certainty to my friend's question.† A curious observation by Dr. Beau, on the rate of growth of the nail, gave me another opportunity of exhibiting the wonderful capability of plaster of Paris, of demonstrating and recording the most delicate variations of form. I had had an illness which had lasted a few weeks; Dr. Beau had noticed that during illness the horny matter of the nail was produced in less quantity than in health, and consequently that a transverse groove appeared on the nail corresponding with this deficiency. Moreover, by determining the rate of longitudinal growth of the nail, it was possible to ascertain the period of duration of the illness, and also its period of occurrence. The plaster cast gave the exact form and breadth of the groove and its distance from the margin of the overlapping fold at the base of the nail, and, being opaque, was more easily measured than the actual nail. Moreover, being once taken, it could be transferred to the wood engraver to be drawn to measurement, and, furthermore, preserved as a record for any number of years.‡

There was yet another test to which I subjected my new process of research. I wanted to discover the plan of arrangement of the lines of motion of the skin. I selected for my point of observation the shoulder of an infant; the cast gave me every line with mathematical accuracy and perfection, and exhibited a wonderful tracery for which I was little prepared.§

* See my Diseases of the Skin, page 20, sixth edition.
† Loco citato, p. 36. ‡ Loco citato, p. 43. § Loco citato, p. 14.

The same cast comprehended the cicatrix of vaccination; and I perceived a means by which the normal vaccine cicatrix might be demonstrated to the student, and its distinction from the abnormal cicatrix taught.

For myself, it is difficult to feel too grateful to the process for the assistance which it gave me under peculiar circumstances. In preparing my "Portraits of Diseases of the Skin," it was customary to have an exact water-colour drawing made by the artist. Days and sometimes weeks passed by before the artist was enabled to draw the "portrait" on stone, and then the special pathological features of the disease had perhaps somewhat faded from his remembrance. It might be some point of configuration, or elevation, or depression, or position. In this case I was never unprepared. I made a cast of every case immediately that the drawing was completed, and that cast was placed before the artist by the side of his drawing during the process of transferring the subject to the stone. The notion was simple enough, but its advantages to my undertaking were incalculable. Many of those casts still exist, and admit of being examined by the side of the lithographic drawing; and a large number of them are in course of being transferred to the dermatological department of the Museum of the College of Surgeons. Could I have antipicated twenty years ago the honourable future that awaited them, they would have been preserved with greater care.

I shall probably startle some of my readers when I inform them that I am able to submit to their examination and scrutiny the *fac-simile* of the greater part of my portraits of diseases of the skin, some of them dating back upwards of twenty years, silent but eloquent witnesses of truth, although recorded in no more lasting material than plaster of Paris. It is very little short of that date when I first had the honour of making the acquaintance of my amiable and distinguished friend Professor Wilhelm Boeck. He had come to me to see the cutaneous diseases of Britain illustrated in "my hospital." Poor old Britain, self-satisfied and remarkably stupid! I was obliged to inform him that we were as yet too little civilized to have a hospital devoted to cutaneous diseases; that in England it was not the "res publica," but private enterprise that accomplished all its good; and that if he would wait a few minutes until I had time to make a dive into the cellar, I would spread out before him a rude feast of the cutaneous diseases of Great Britain. It was then that my poor casts did good service for the honour of their country: he was greatly interested, and he was struck by the simplicity of the

means by which I was enabled to illustrate the subject. He promised that he would become my disciple in the new mode of recording dermatological facts; and not many months afterwards I received from him a plaster cast of Radesyge, which I still with great reverence preserve.

It is impossible without personal experience to conceive the delicate power of plaster-of-Paris casts of illustrating the most trivial changes of the skin. The slight elevation which occurs in erythema, the minute papulæ of leichen, the vesiculæ of ekzema, of scabies, and miliaria, the bullæ of pemphigus, and the squamæ of lepra; all are recorded with the most unerring exactness. You wish to illustrate a disease, probably unknown to the person whom you are addressing, the cast tells the whole story of itself. *The disease is perfect, saving the very unimportant matter of colour.* You may measure with the compasses; you may submit to every visual test; you may compare with other disorders having resembling characters; you may question again and again, and receive no answer in return but the simple word of truth. Casting in plaster is the photography of solidity, without its disadvantages.

In the course of my practice in casting with plaster of Paris, I was one day consulted by a lady, who had lost her nose from lupus. I had made a cast of her face, and the present desideratum was an artificial nose. It occurred to me that in a case like this it was of importance that the nose should present the family type. I induced a relative of the lady to allow me to make a mould of her nose; into this mould I pressed a thin layer of gutta percha, softened in hot water, and when the material had had time to cool, I withdrew it from the mould. This was no mere nose-like mask, but an exact cast of the human skin; every follicle was visible on its surface. I then fitted the artificial nose to the cast of the lady's face; and this being accomplished, the gutta percha nose was transferred to a spectacle frame, and afterwards painted by an artist so as to correspond with the complexion of the adjacent skin. I mention this only to show another of the useful applications of casting with plaster of Paris. The nose was light, easily taken off and put on, and corresponded both in figure and colour with the lady's face. A similar artificial nose was exhibited in the Society of Arts, and afterwards in the Exhibition of 1861.

I have already remarked that when Professor Boeck wished to make me acquainted with the form of tertiary syphilis known in Norway under the name of Radesyge, he sent me a cast, the characters of which were unmistakable, and such as

to enable any one conversant with dermatology to draw a diagnosis as perfect and complete as if the living patient were actually before him. And this I conceive to be one of the possible uses of this mode of recording nature's features. A gentleman, in a far distant part of the kingdom, or of the world, has an anomalous case: he sends a cast to one who is conversant with diseases of the skin; or to the College of Surgeons, to compare with the collection there, and he is informed that his case is unique, or that it is one which is far from being uncommon. Even the student, who is as capable of casting as his master, may seek a diagnosis from his more experienced elders, or may contribute a valuable specimen to a public collection. With the cast, all vagueness of description, all doubts, are removed. The cast can tell only the simple unvarnished truth, and its artisan may be instructed by its teaching. To casting in plaster of Paris I look forward for a very considerable advance in the knowledge of dermatology. Even in country practice nothing would be more easy to the practitioner than to construct for himself a few plaster casts as specimens not only of the common diseases of the skin, but also of rare diseases. And in the dull, opaque white of the plaster cast he will find a more convenient surface for the study of configuration and prominence than in the partially translucent, the soft, the coloured, and the variable skin of the patient.

With all that I have said, I feel that I have done only scant justice to the subject, and I tear myself away from its history to explain the nature of the material employed, the tools, and the manner of making the cast.

The *armamenta* of the cast-modeller are as follows:—1. A bag of plaster of Paris, second quality. 2. A small quantity of yellow ochre in powder. 3. A small strong basin holding about one quart. 4. A jug of water of a temperature of about 60°. 5. An iron tablespoon. 6. A large camel's hair brush, round or flat, a quarter to half an inch in thickness. 7. Two or three towels or napkins. 8. A blunt knife. 9. An old blunt razor fixed in a firm handle. 10. A small hammer. And 11. A large wash-hand basin and jug with water, for ablutionary purposes.

Our simple apparatus being all in readiness, as for a surgical operation, all in good order and convenient to our hand; we place the part to be cast in a suitable position. Thus, supposing it to be the back of the hand, we cushion the hand upon one of the towels in a posture easy for the patient to maintain, and with the drapery so disposed that the fluid plaster cannot get under the fingers or behind any of the

convexities. We have to bear in mind that it is only the visible surface that we are about to secure. If, however, we require to cast the palmar surface of the hand as well as the dorsal surface, we do it at two operations, and so we make two casts. It may be well to remember that we are not professional modellers casting the entire circumference, but that our object is simply to take in as much as would be embraced by an ordinary drawing, and, on the same principle, that it is impossible to see both surfaces at the same time. The professional modeller has a different object in view: his task is a difficult and a tedious one; ours is simple, easy, and expeditious, and answers our purposes better than would his.

Having arranged the position of the patient, and prepared the part for the reception of the plaster, we commence the casting process as follows:—We pour into our small basin as much water as we think we require; thus, in the case of the back of the hand and wrist, we should say three-quarters of a pint. There must be no hurry, no precipitation, everything is to be accomplished quietly and orderly. We next open our bag of plaster, and, taking up a handful in our dry hand, we sprinkle it uniformly on the surface of the water, and this we repeat as often as may be necessary, and until the plaster sunk in the water rises close to the surface, leaving only a thin layer of water above it. This being effected, we add to it about a teaspoonful of yellow ochre in the same manner. Our next business is to plunge the iron spoon to the bottom of the basin and stir the mass at the bottom until it is all thoroughly incorporated. In this part of the process we are careful to avoid much agitation of the fluid, and particularly the formation of air-bubbles, and we continue to mix the whole until it assumes the consistence of cream. We then dip our brush into the fluid plaster,—having previously wetted it with water, to exclude all possibility of bubbles of air, one of the chief enemies of the modeller,—and with a brush full of plaster we paint the surface to be modelled, again with the object of dispersing air and of preventing the accidental detention of air between the plaster and the skin. The brush is a very convenient method of conveying the fluid plaster to the skin, and by its means we can not only brush the surface quickly, but we can spread upon it an incipient layer of moderate thickness. It is to be remembered, however, that the plaster will necessarily implicate any hair there may be growing on the surface, and therefore it becomes necessary to brush the skin in the direction of the hair. When, by means of the brush, the entire surface has been moistened by the plaster, and when, moreover, a thin layer

has been spread upon the surface by the same means, the brush should be rinsed with water, and laid aside. We then lift the plaster with the spoon, and spread it upon the hand, ladling it out more or less quickly according to its state of consistence, and spreading it as uniformly as possible over the whole surface. The cast is now complete, and awaits only the process of setting or hardening; in a few minutes it gives out a quantity of heat, a slight steam rises from its mass, and very quickly it becomes hard and firm. While this is going on the modeller pours water into his basin, washes it and the spoon before the plaster has had time to set, and sees to the condition of his brush, which ought to have been quite freed from plaster by the washing performed at the time of disusing it.

The mass of plaster which envelopes the hand is not a cast, but technically a "mould"; and before it gets too hard, it should be removed, or rather the hand should be removed from it. We judge of the hardness of the mould by digging it gently with the point of the knife, and when it seems to have acquired a pretty firm and sufficient solidity, we proceed to separate from it the hand. Where the surface is smooth, or moderately smooth, the separation of the mould is very simple and easy; we press the skin away from it all round, then we raise the edge gently, and still pressing down the skin from beneath it, it quickly loosens, and may be easily lifted off. In the case of the hands, however, the knuckles are in the way, and a little more care and easing, and also a little more humouring, may be requisite. The first thing to be done is to turn the hand gently round; to withdraw the towel; then to extricate the fingers one by one; to draw the skin as much as possible from the plaster; and in a very short time the hand will be completely liberated. Sometimes it may be necessary to break away fragments or angles of the plaster to give the operation greater freedom. These little difficulties are speedily overcome, and they serve to show the necessity of fixing upon the proper moment for the intended liberation. It must not be too soon, otherwise the mould would be broken; it must not be too late, otherwise the impediments, in consequence of the hardness of the plaster, would be increased.

The mould being now separated, may be laid aside to harden and dry; and at the end of a few hours, or at any subsequent time, will be ready for the "casting" process. The first step in the operation of casting is to immerse the mould in water for five or ten minutes, until its absorbent material is fully saturated. We then mix the plaster in the

manner already described, but without the ochre, and when fully mixed we ladle it into the hollow of the mould and move the mould from side to side, and from end to end, until every part of its surface has received a thin coating of the fluid; we then pour in more and more of the plaster and endeavour to distribute it as uniformly as possible over the whole surface of the mould. When this is satisfactorily effected we leave the whole to set and harden; and when sufficiently hard, say in half an hour or more, we may proceed to the removal of the mould from the surface of the cast.

The intention of using ochre in the mould and omitting it in the cast now becomes manifest; its purpose being to show the line of division of the two. If we trim the edge of the united cast and mould with the knife, the line of separation of the two will be very clearly seen, and our next proceeding is to chip away the mould from the cast. With this object we bed the cast upon a towel in order to break the jar of the blows; we place the edge of the razor on the mould near its edge, and we give it a slight tap with the hammer, the wedge-like form of the razor assists in causing a crack in the mould, a fragment is loosened from the cast, is removed, the surface of the cast is brought into view to a small extent, and we increase that extent by the fracture of successive portions, until the whole of the mould is cleared away. A little practice facilitates our labour, we soon discover the requisite force of the blow, the depth of penetration of the razor, and sometimes by twisting the razor a large piece of the mould is separated at once. The want of solidism between the mould and the cast is that which guides our efforts, and the fracture, which stretches to a considerable extent in the mould, leaves the cast beneath it perfectly sound. Of course it is desirable to know the thickness of the mould at different points, and to follow the general conformation of the part which has been cast.

The progressive development of the cast by the removal of the mould is a feature of interest in the process; first one finger, then another, is brought into view; the markings on the epidermis are wonderfully sharp; then appear the outlines of the eruption and of the disease, and in a short time a real *fac-simile* rewards the modeller's care,—a *fac-simile* that may be studied with the lens, that may be measured with the compasses, that displays more vividly than the skin itself the changes of texture of the surface, that may be examined from day to day in its unchanging truthfulness, and that may be preserved for an indefinite period of time. We may sometimes seek to follow the development of an eruption, say a

herpes, a variola, or a rubeola, from day to day; and secure the eruption in all its phases, from its earliest evolution to its acme of growth, and again downwards to the ultimate stage of its retrograde metamorphosis. A convenient thickness for the mould and for the cast would be about a quarter of an inch for each.

ANOMALOUS CASES OF SKIN DISEASE.

By C. HANDFIELD JONES, M.B. Cantab., F.R.S., Physician to St. Mary's Hospital.

THE investigation of causes of disease is evidently so practical a matter that the following communication will hardly be thought uninteresting:—

CASE I.—Mary S., æt. 11, an intelligent girl, was admitted under my care February 4th, 1868. She looked healthy except for the disorder I am about to describe. Her mother stated that she was vaccinated when three months old, and that immediately after an eruption appeared on the skin. Before she was vaccinated she was quite free from any skin disease. A great deal of treatment has been employed, and the disorder has been mitigated for a time, but has always got worse again. At present her skin is cool, pulse weak, tongue natural. On the trunk there are numerous patches, mostly of small size, which consist of vesicles or papules seated on a surface which is congested and desquamating, but not discharging now, though it has previously to a notable extent. On the thighs and legs the patches are very large and red, and occupy more of the skin than remains exempt; on the legs the affected surface is quite moist, on the thighs it is dry, with thin, scaly crusts; the patches on the thighs are not uniformly red, but traversed by paler tracts; the skin in this situation is a good deal thickened. There were no indications of syphilis in the teeth or corneæ. I regarded the disease as impetiginoid ekzema. Towards the end of the month her father came under my care. He had bronchitis of moderate severity, not preventing him from going about, chiefly affecting, I think, the larger tubes; the mucous membrane at the entrance of the larynx was red; he had expectorated a little blood. He had also an old, hard node on the tibia, which had existed, he affirmed, since he was thirteen years old. Some years ago his eyes were severely inflamed, and his sight very dim for twenty-one weeks; he was then under the care of a well-known ophthalmic surgeon. Further, his throat had been severely ulcerated, and the uvula destroyed; the throat was still far from well. I treated him with pretty full doses of iodide of potassium, and his bronchitis got much better. He stated that his daughter suffered in

general health when her skin disease got better. I treated the child with bichloride of mercury at first, and afterwards with dilute white precipitate ointment, and Rochelle salt internally. The effect was most marked; the eruption was reduced to a very small patch or two, and this improvement was maintained up to April, 1869, when I saw her last. She had then been attending for some months as an out-patient.

Case II.—E. P., f., æt. 3 years, ad. Aug. 27th, 1868; but she did not come under careful observation till Dec. 3rd. She was rather a large fat child, in tolerably good general health. On both buttocks and thighs there were large patches, three or four inches across in each direction, in which the skin was much inflamed and thickened, and covered with pustular vesicles, and largish prominences more or less scabbed. The patches were pretty accurately limited. There was much irritation, especially at night, when the child was very hot. The incisor teeth were not notched; the canines were not peg-shaped. The eyes had never been inflamed. I looked upon the disease at first as ekzema impetiginodes. The child was the third of a family of five; no others were affected. The mother had been married twice; she had four children by her first husband; only one of these has lived, but is very sickly; the other three died. The father of my patient stated that he had been married about twelve years to his wife; he had clap four years before marriage, and a bubo in the right groin, which suppurated, and was incised. I could find no trace of syphilis in him. His eldest step-daughter had great tenderness at the vertex; her eyes were now and then inflamed and painful; her teeth tolerably well made, but disorderly placed, and the canines not very perfect; she was said to have some sort of tumour in the womb. About a month after the child had been regularly under my care, her mother applied on account of an inflamed ekzematous patch of skin at the proximal end of the right mid and ring fingers and the intervening cleft. The skin was swollen, thickened, red, and discharging. There was also some scattered eruption on the arms. She had been suckling six weeks, and the skin disease had existed as long. She was treated with liq. potass. arsenit. and ol. morrh. for three weeks, but got worse. She had then several largish circular spots of congested derma, with the cuticle more or less peeled off, and with some trace of papules; some of these resembled very much patches of herpes circinatus. On the other forearm, hand, and upper arm, there are several similar but more irregularly-shaped patches. There was no other indication of syphilis. She was treated with bichloride of mercury internally, and got well in about two months. Her child (E. P.) did not improve satisfactorily until mercurials were given, and then, especially with white precipitate ointment locally, and Rochelle salt internally, she recovered completely, or almost completely; and after passing through pertussis and malarioid remittent, ceased attendance in June, 1869.

Case III.—E. D., æt. 9 weeks, male, ad. 1868, Dec. 24th, was taken ill fourteen days after birth; has symmetrical patches of ekzema on cheeks, the same eruption but more scattered on head. Bowels open, motions slimy. Mother quite well; this is her first child. I continued to treat this child for what appeared to be a simple common ekzema till March 18th, with various remedies, including arsenic and regulation of diet, but with no satisfactory

improvement. In fact, at last the state of things was much worse than it had been ; the eruption on the head was aggravated ; large and numerous patches had also appeared on the back, and smaller ones on the abdomen ; the bowels were often relaxed and the stools green. I now bethought me of syphilis as a possible cause, guided by my experience in the two former cases, though there was absolutely nothing in the phenomena to warrant the conclusion that any such taint existed. For a week the child had hyd. c. cretâ, gr. i. + pulv. Doveri gr. $\frac{1}{6}$ *bis die ;* afterwards white precipitate ointment diluted, and a bismuth mixture, which was exchanged some weeks later for sodæ potass. tart. By April 29th the eruption and the bowel disorder had all but totally disappeared. When I commenced this treatment, I set myself to seek out the father's antecedents, and found that he was at that very time attending at the skin department, under the care of my colleague Dr. Cheadle. He had impetiginous eruption on the buttocks, a few spots and some large yellow crusts down the thighs. There was much itching : no eruption on any other part of the body. He admitted having had, eight years before, a sore of some kind on the penis, and before this got well he had some blotches about him ; along with the sore he had non-suppurating buboes. He was treated with bichloride of mercury, and got well.

The prominent features in these three cases are the same. (1) The existence of eruption not recognized at first as syphilitic, refractory to other treatment, but yielding readily to mercurial inunction ; (2) no material impairment of general health, or other sign of syphilis ; (3) syphilis demonstrated to exist in one of the parents in each case, or rendered very probable at least ; (4) the early age at which the patients became affected. In Case I. the tenacity of the disorder is very indicative of a constitutional taint, and it is certain that a very prolonged and careful treatment would be required to eradicate it. The conception of a separable poison *in* the blood seems to me less probable than an alteration of its whole mass, a modification, perhaps, of its albumen. The appearance of the eruption immediately after vaccination would have afforded a capital example of its injurious effects, had not the discovery of the paternal syphilis pointed unmistakably to a different source of the malady. In Case II. I suspect the mother had been infected by her first husband. It seems probable that the only surviving child of this marriage was suffering to some extent from the taint. The eruption in this case corresponded very much with the first modification of pustular syphilis described by Lancereaux. In Case III. the eruption was as common-looking an ekzema as I ever saw, yet the therapeutic test and the father's antecedents and actual state leave but little doubt that it was a *syphilitic* ekzema, and the diarrhœa was a syphilitic diarrhœa.

The main question which these cases raise in my mind

is this—how far is it possible in all cases to distinguish syphilitic eruption by its own characters alone from other non-specific eruptions? The diagnostic points most dwelt on are a coppery tint, absence of itching, coincidence of several different types of skin eruption in the same case, presence of febrile disturbance, symmetrical arrangement, and in young children preference of the thighs and genitals. With regard to all these I must say that where doubt exists I have very small faith indeed in them as reliable guides. The evidence they afford so frequently turns out erroneous that I cannot feel much confidence in it. Mr. Hutchinson states that the constitutional syphilis of young children is essentially transitory, and disappears without treatment if the child live. He puts its ultimate limit at the age of eighteen months. In two of my cases this period was long overpast. The forms of eruption which appear to me most significant of syphilis are the macular, tubercular, and cachectic ulcerating (rupial). Scaly eruptions and papular (leichen) are much more ambiguous. The co-existence of other symptoms, or their having existed at some former time, is the great criterion, and without this aid (derived from the patient or his parents) we must, I think, often remain in doubt. I am confirmed in this view by reference to what is, I believe, an admitted principle of pathology, viz., that the same effect may often be produced by different causes.

When I showed the above cases to a surgeon of great experience in syphilitic disease, he expressed his opinion that the evidence of their syphilitic nature was not convincing. It is very possible that others may take the same view, and I do not wish to assert that my own mind is perfectly free from doubt on the matter. The point for consideration is, I think, not so much whether these children had actual undoubted syphilis, as whether their skin disease was not so far dependent on a modified transmitted taint as to make it clinically a different disorder from that which commonly occurs, and is not open to any suspicion. Mr. Erasmus Wilson has expressed a very similar opinion with respect to lupus, cheloma, lepra, and psoriasis (*vide* p. 184 of his work on syphilis). It is surely probable that there are degrees and varieties of morbid action, and that a special cause may be in operation, though it is masked under an unusual guise. This is unquestionably true of malaria and of gout.

Δυοιν θατερον—either the view of the syphilitic origin of the disease is correct; or mercurial treatment was far more requisite in these instances than I usually find it to be in similar, and the syphilis of the parents was a mere coincidence.

ON THE TREATMENT OF EKZEMA. By J. L. Milton, Surgeon to St. John's Hospital for Diseases of the Skin.

I NOW proceed to examine the treatment of ekzema, and I need scarcely apologize for devoting a great deal of attention to this subject, when it is remembered that the question affects the health and comfort of hundreds of thousands; that it is no uncommon occurrence for patients to be reduced to utter destitution by this complaint; that till quite lately medical men were unanimous in regarding it as only too often utterly intractable; and that little more than half a century ago it was pronounced, when inveterate, beyond the reach of art, and only to be palliated by treatment—views which are unhappily only too widely current yet among the profession, and which are certainly likely to remain current under some kinds of treatment.

Yet it is demonstrable enough that ekzema is, for the most part, curable. Mr. Wilson, Mr. Startin, Dr. Frazer, and others, find no difficulty in mastering it; while at St. John's Hospital it has been shown over and over again that ekzema in every form and at every age can be safely and thoroughly cured; not, perhaps, in every case, but certainly with very rare exceptions. And it is to be remembered that the observations on which this statement is based have been made in the presence of some scores of medical men, and that all possible publicity has been given to them. Ekzema, indeed, is not so intractable. If a steady and proper course of treatment be followed, without swerving to right or left, it will almost invariably be successful; but if the great guiding principles of treatment are every now and then to be abandoned for the sake of meeting some complication, or in deference to some theory, or out of dread of some imaginary danger, then good-bye to all chance of a cure.

As always happens with severe chronic maladies, more remedies have been recommended for the cure of ekzema than any one person could examine in the course of years, at least in such a manner as to form a reliable opinion upon their value. It is not uncommon to find an author speaking of twenty or thirty powerful medicines, some of which—such as saline cathartics, antiphlogistic means, neutral salts, and emollient diluents—may mean almost anything. It is rarely

that even an approach to striking a correct balance is made; a list of remedies is given, to be used on general or particular principles, as circumstances may direct, till we arrive at tincture of cantharides, mineral waters, and change of air, as our last resources. All knowledge of such a kind must, of course, consist to a great extent of conjectures, which only great experience can render useful and safe, but which, in the hands of the uninitiated, may be scattered to the winds by the first difficult case met with in practice. Such experience, too, means simply conviction—the principle which guides the nurse and the empiric. The form in which it is clothed may be more scientific; the spirit is essentially the same. It is gleaned too loosely, and in too wide a field, to admit of the tenets on which it is based ever being proved. No lasting structure of therapeutics, no enduring system of treatment, can ever be erected on so unstable a basis; and without a far more extended and accurate series of observations than we possess, we shall have to arrive at an estimate of the comparative amount of success and failure rather by collateral evidence than direct proof. Convictions and sweeping assertions do not serve us here, and have indeed nothing to do with the subject. No man's opinion respecting medicines commonly used in ekzema—such, for instance, as sulphate of magnesia and calomel—has any more influence upon what ought to be really the question at issue than it has upon the qualities of matter; and can no more limit or alter their action on the nervous and vascular systems, than it can affect the proportion in which sulphur combines with oxygen to form sulphuric acid, and this, again, with water and magnesia to form Epsom salts.

The discrepancy in the statements of different authors as to the power of medicines over ekzema, the irreconcilable differences in the results arrived at by different observers, are proof enough that I am not making out a case against the present system. While the most experienced surgeons in England declare that it is often a difficult complaint to manage, requiring a long course of treatment, and surrounded by complications which frequently demand a variety of remedies to subdue them; the French physicians seem to remove it by means which I should have supposed possessed no control over so refractory a malady, and some of which in my hands proved quite inert. M. Cazenave quotes a model case, cured, apparently, by the use of a little marsh-mallow infusion; and M. Bazin's treatment, when we come to individual cases, is equally simple. Alkaline syrup and starch baths form the entire sum of his rules in one case, while starch baths and

arseniate of ammonia fill up the formula in another. In London men rely to a great extent on internal remedies in ekzema and employ external applications principally as adjuncts; in Vienna they trust almost entirely to outward applications and profess to have almost no faith in medicines.

If there be one skin complaint in which this discrepancy of opinion is more injurious than in another, it is ekzema; for not merely does it comprise nearly or quite one-third of all the cutaneous affections seen in practice, but it forms a nucleus round which we find grouped quite another third, among which figures most prominently of all pityriasis rubra; so that the surgeon who can most thoroughly master ekzema has already overcome the most frequent difficulty and one of the greatest he has to encounter. For all these reasons I resolved to watch the action of several drugs successively, restricting myself as far as possible to one drug or one group at a time, eliminating as well as I could all those which seemed superfluous, owing to their not possessing equal curative powers to those reserved for more special observation. Thus, for instance, tar, antimony, guaiacum, and sulphur were soon given up. The results were as follows:—

1. Antiphlogistic treatment, taken as a whole, failed entirely in every case of severe ekzema, both as to its power of curing the complaint and of preventing relapses. Calomel, antimony, and cathartics, in large and repeated doses, as advised by some authors, did no good in any case, and made many patients much worse. Bleeding, either local or general, was only tried to a limited extent. The patients generally contrived to evade bleeding from the arm, and the results, as given by those who advocate it, are not very encouraging. Sir William Jenner, however, M. Bazin, and Mr. Hunt, still recommend venesection, though Mr. Hunt admits that of late he has rarely found it necessary. Leeches never seemed to do any good, and the low regimen which, according to all orthodox rules, ought to go hand in hand with antiphlogistic treatment, was quite as injurious as the use of depressing medicines; whereas a good diet, accompanied in all cases of exhaustion by a moderate use of red wine, such as claret or Tarragona, singly or mixed, and plenty of fresh vegetables, proved of the greatest service.

If the reader will analyze the results of this anti-inflammatory or devastating treatment, *taking them just as they are given by those who employ it*, I think he will confirm what I say. Bleeding, leeches, salines, antimony, and mercury, employed in the most vigorous style, rarely produce much effect on a sharp case of ekzema in less than three or four

weeks. Now, my experience is, that rest from toil and worry, fresh air, good diet, and mild aperients, followed by the use of steel, will do the same good in the same, if not less, time, and do it too much more agreeably, perhaps also more safely and effectually. Mr. Hunt, however, devoutly believes in the virtue of lowering treatment. Besides bleeding and leeching, he gives large doses of antimony and salines, accompanied by a vegetable diet and no stimulants; a plan which, at any rate, is energetic and consistent, but for which I do not see the necessity, as I have never met with severe ekzema unaccompanied by a certain feebleness of health. He stands, however, almost alone, and two of our leading authorities, Mr. Startin and Mr. Wilson, are both averse to the use of lowering means.

Mercury, even in the doses recommended by Dr. Elliotson and MM. Cazenave and Schedel, never seemed either to arrest the progress or hasten the disappearance of ekzema. Except where an aperient was required, or where it was necessary to stimulate and unload a sluggish liver, no great benefit resulted from its use *in whatever form it was employed*, when given in purgative doses; and in some cases where it was pushed so far as to produce a decided action on the system, an aggravation of some of the symptoms took place. It seemed only useful as an adjunct; but, employed for this purpose, it was most valuable; calomel, mercury and chalk, blue pill, biniodide, and bichloride are all at times most serviceable, the two latter as alteratives: the mode of giving them will be stated farther on. Children were found to bear mercury very well, and a long course of it, in doses which just purged mildly about every second day, was almost always beneficial, and often effected a cure.

Sudorifics did not produce much effect in ekzema, and, according to my observations, are next to useless in almost every case of this kind, as, indeed, with few exceptions, they are in skin diseases altogether, generally failing, I think, most completely where they are most requisite; that is to say, where the skin is dry and harsh. I have tried them all, or pretty nearly so—my observations being, however, principally confined to sulphur, antimony, guaiacum, spirit of nitric ether, and warm drinks internally, Turkish baths, vapour-baths, and packing in a wet sheet—and failed with all, not only to do good, but even to induce free perspiration, which, however, was often frequently brought on by a medicine from which I should not have expected such a result; namely, the iodide of potassium in tincture of bark. Five grains of this salt, given twice or thrice a day in a teaspoonful of the tincture, often made the skin quite moist. But however given, or for what-

ever purpose, it produced no beneficial influence on the ekzema. Indeed, to give medicines simply to produce perspiration appears, so far as I observed, simply equivalent to so much waste of time and money. The benefit they induce is rare and problematical; the mischief they do is abundant and palpable. Sir Henry Holland says that no more beneficial change has occurred in modern practice than that of abandoning the system of trying to force perspiration; and, so far as ekzema is concerned, I quite assent to his views. Mr. Nayler* finds sulphur useful in those cases where ekzema is both acute and general, and when the urine is scanty and loaded with crystals of urate of soda. He gives a drachm of precipitated sulphur and bitartrate of soda, with fifteen grains of bicarbonate of potass, in a cup of milk every morning, half a grain of calomel, and three grains of calomel every night, being added in severe cases. I have never tried those remedies exactly as given by Mr. Nayler, but I have tried some so closely resembling them, such as the compound calomel pill at night, and the phosphate and tartrate of potass, sulphate and exsiccated carbonate of soda in the day, that I can scarcely imagine there was any substantial difference, yet I was never able to satisfy myself that they possess any control whatever over ekzema. Iodide of potassium proved inert, except in cases complicated with rheumatism, and the same result attended the observations on iodine; but there was considerable difficulty in coming to any definite opinion on the latter point, as the iodine was only given in scrofulous cases.

Having now eliminated those remedies which seem to exert no influence over the disease, or to be useful only as adjuncts, I pass to the consideration of those on which more reliance can be placed, and which will, given singly, produce a very decided effect on certain stages of ekzema; but in order to bring all the conclusions arrived at into as compact a form as possible, I propose to lay down certain general rules, and append to them more full observations on the action of particular remedies in their proper places.

In ekzema, then, the remedies which succeeded best in my hands, and which, as a whole, appear to have been most useful in the practice of others, are:—

1. A saline aperient containing magnesia, preceded by a dose of mercury. In cases of acute ekzema, as where the face has suddenly become partly red and glazed; in the first stage of the ulcerative form; in sudden and severe relapses of chronic ekzema, especially where the patient has been living

* Diseases of the Skin, p. 101.

too freely; at the commencement of treatment in almost every case when the tongue is coated; where the patient has been nauseated with tonics or arsenic; when progress, after being satisfactory for some time, begins to flag, those remedies generally prove very serviceable. In extensive pityriasis rubra they are invaluable, and often suffice to cure the disease in a very severe form. There are at present two patients attending St. John's Hospital, who had been suffering for long from this affection when they began treatment. One of them, a countryman, was a perfect object when he first came; his arms and hands swathed to the shoulder, the whole skin of these parts being almost raw, and a large portion of the cutaneous surface in other parts being almost as severely affected. This man had been in this state for many years, getting steadily worse. He was placed under a purgative dose of calomel and the saline mixture of the hospital, which he continued to take throughout. Almost from the first there was an improvement, which went on so steadily that it did not seem necessary to change the medicine, and he got quite well. The other patient had been suffering for twenty years. From a considerable distance in front of the hair there extended backwards, in one unbroken tract, a red glazed stiff state of the skin, shedding scales profusely, and at times discharging serum. In him, also, the arms, chest, and other parts were also severely affected. He got quickly and rapidly well, as several gentlemen, among others some from America, had an opportunity of seeing. The reader may here object that these were cases of cure by antiphlogistic treatment, to which, however, it may be replied that, on the contrary, these medicines were never given to such an extent as to produce any depression or severe purging; that they were not aided by leeching, bleeding, or antimony; and that a good diet and wine were always ordered along with them.

Of all the aperients I have tried, those containing magnesia seem to answer best. Henry's calcined magnesia is an excellent preparation; a teaspoonful taken in milk before breakfast will produce an action of the bowels which few other agents can effect. If by any chance the patient happen to be suffering from acidity, the beneficial action of the remedy is twofold. I know it may suit the tactics of mere theorists, or some anonymous critic in a weekly journal, who considers it infinitely better that a hundred persons should die under orthodox treatment than that one should be cured by such improper means,—to denounce this preparation as a secret medicine—a cry which always ensures a certain amount of approbation. My answer is, that the cure of disease is a

more important matter than their opinions. The citrate of magnesia, though useful and pleasant, is decidedly inferior to either the calcined or carbonate. The efficacy of both, however, is very decidedly increased by the addition of a drug which is as unpleasant as it is valuable—the sulphate of magnesia. I know of nothing which effectually disguises its taste or entirely prevents the griping which is apt to follow the use of it in some persons; perhaps the compound tincture of cardamoms, tincture or essence of ginger, and peppermint-water, are as useful in this way as anything. Peppermint lozenges, made with the real English oil, are also of service; but the high price of the oil, which is, I believe, about ten times as much as that of the French, renders them liable to adulteration. Many persons too, object to the taste of peppermint as much as they do to that of the sulphate. I always add the nitrate of potass or the spirit of nitric ether, though I cannot say that I have in any way satisfied myself as to the value of either. A dose of a mixture of this kind before breakfast and dinner, or lunch, is generally sufficient. Its admiuistration should, I think, always be accompanied by the use of a dose of mercury, two or three times a week, in the form of calomel or mercury and chalk, in a powder for children, and for grown persons in pills. It is not necessary to carry the remedies to such an extent as to bring on any severe purging; about two loose stools a day will be quite sufficient. In the case of infants at the breast, the mixture may be given to the mother, as it acts very gently and yet actively enough through the medium of the milk.

Except in pityriasis rubra, in some slight cases of ekzema in grown persons and in ekzema in children, in all which forms these remedies often suffice of themselves, it is of very little service to continue them beyond two or three weeks, a period, however, which is generally long enough to admit of their doing a great deal of good; the tongue getting cleaner, the stools of a better colour, and the patient feeling altogether better under their influence.

2. An astringent, accompanied by an occasional aperient, or by an alterative. When the appetite is bad I would suggest the free use of a mineral acid, such as the nitric or nitro-muriatic, in tolerably large doses, in some bitter tincture or infusion. I believe drachm doses of tincture of calumba and ounce doses of infusion of quassia are equal to anything yet discovered. Fresh-made infusion of valerian, serpentaria, or cascarilla answers very well when the patient is low and nervous. These remedies should be accompanied by the occasional use of an aperient, or a compound calomel pill. It is, however, to be borne in

mind that these remedies do little more than improve the appetite and health, and that their control over the ekzema is very limited.

3. A course of steel. When the discharge is profuse, when even in the dry form it has existed many years, and in all cases when improvement has come to a standstill, I would advise a course of steel, a remedy which, in my hands, has proved of more use against ekzema in this stage, and under these circumstances, than any other I have tried or seen tried.

Steel wine carefully prepared, and given in doses of one or two drachms two or three times daily, will remove most cases of ekzema during the first year or two of life. The wine should be procured from a really good chemist; I have tasted specimens of it so harsh and acid that I could not wonder at children disliking it. Some of them seemed to me compounds of rusty iron and the worst kinds of acid sherry. A very agreeable preparation is made by Messrs. Bell, of Oxford Street. When children have passed this age, steel wine requires to be given in large doses to produce any effect, and therefore becomes rather an expensive medicine, especially in hospital practice. Here the saccharine carbonate may be substituted, two or three grains being given twice a day. Should its effect not correspond with the surgeon's anticipations, I should recommend that the tincture of the muriate in doses of five to fifteen minims three times a day, sweetened, be given instead. In hospital practice the acid solution of iron, to be mentioned presently, from three to eight minims in water three times a day, though not quite so pleasant, is quite as useful as the tincture.

From puberty to the decline of life I would most decidedly recommend the tincture, or the acid solution, in preference to any other preparations. Indeed, I can safely say that I have seen no internal remedy influence the discharging stage of ekzema, or ekzema siccum of the hands, so rapidly and effectually as these. When properly aided by aperients, baths, exercise, and suitable food, nearly every case of ekzema in the stages I have mentioned will be cured or relieved by a steady, persistent use of them, as I have had the pleasure of demonstrating to several gentlemen at St. John's. There are, however, some precautions with respect to the mode of taking them which are of vital importance.

In the first place it is essential that the tincture should be prepared, not only according to the London Pharmacopœia, but with such care as to ensure that no great amount of free acid is present, seeing that this frequently preponderates to

such an extent that the tincture cannot be given in the proper doses; indeed, the fluid part of a good deal of the trash sold under the name of tincture is composed almost wholly of hydrochloric acid: it is sold to patients at a price for which a surgeon could not buy it from a respectable chemist. When properly made, a drachm or more may be given at a time, whereas half a drachm of the coarse acid tincture will set the teeth on edge and make the patient feel sick. I have often known a patient who was taking the pure tincture with benefit turn quite ill after a dose of this stuff: severe vomiting has followed in several instances; and in one case where I was consulted the patient was so sick and was purged so violently from taking two drachms of the common tincture in divided doses, that his friends thought that he had got English cholera. This kind of thing has now happened so often that I always beg of patients, if they run short of the genuine tincture, rather to do without it for a day or two than get it from any source they are not certain about. The tincture of the perchloride of the British Pharmacopœia is said to be a superior preparation to that of the sesquichloride, and I should think such was the case, but I have not had much experience of its action, whereas I have given the others in several hundred cases. A very useful substitute for both in hospital practice is the acid solution of iron employed at St. John's Hospital. A few pieces of iron perfectly clean, and weighing two ounces, or, what is still better, pieces of iron wire of the same weight, drawn with the magnet, are dropped into a pint of hydrochloric acid, 1160 specific gravity; at the end of a few days a strongly saturated solution is formed, and of this ten to fifteen minims are given in a large wineglassful of water two or three times a day.

The tincture must be given in pretty large doses and for some time. It is of no use prescribing fifteen or twenty drops for two or three weeks; as well not give it at all. The patient, if an adult, should begin with half-drachm doses at least, and increase this as rapidly as ever he can to a full drachm, beyond which it is rarely requisite to go. The dose should be measured out in a minim glass; for, as a drachm is equivalent to quite a hundred and thirty drops, the surgeon who prescribes a certain number of drops is evidently not giving the quantity he wishes to do.

Now and then, if the patient grow sick of the medicine, or suffer from dyspepsia, loss of appetite, headache, &c., the steel may be given up for a day or two till these symptoms pass off; but so soon as they have vanished, it should be resumed. The constipation which generally accompanies its use may be

easily remedied by the occasional use of a mild pill, *which should, however, always contain aloes.* This symptom frequently passes off when the steel has been taken for a little time, and especially when the larger doses have been reached. I have so repeatedly noticed this that I have been obliged to conclude that a small dose of steel constipates as readily as a large one, and that the constipating action begins almost as soon as the patient begins with the medicine; whereas the purging induced by the acid is in exact proportion to the quantity taken, and comes on more slowly. The dyspepsia—the most frequent form of which is marked chiefly by coldness at the stomach, nausea, griping, and flatulence, is generally soon got over by leaving off the steel and giving some mild aromatic and antacid, such as carbonate of soda, along with compound tincture of cardamoms or aromatic confection, or the aromatic spirit of ammonia in some bitter infusion. Should the appetite flag very much, the patient may give up the steel for a week or two, and take the nitric or nitro-muriatic, as previously suggested, for a few days. In some extremely rare instances, it may happen that the patient cannot take either of these preparations; in which case it should be abandoned in favour of the ethereal tincture or Griffiths' mixture; but neither of these is equal to the former. Indeed, I have never seen anything exert so much control over ekzema as the acid solution and the tincture. At one time I believed that, provided steel were given in a soluble form which would sit lightly on the stomach, it did not much matter what preparation was used; and I believe that in the discharging stage almost any preparation of steel, perseveringly given, will effect a certain amount of good; but I consider my observations warrant me in drawing the conclusion that those I have recommended are among the most potent we possess. I have frequently treated two similar cases of ekzema—one with the acid solution and one with some other preparation. I have also, in such cases, given one patient the acid solution, and one the nitro-muriatic acid or a saline. I have suspended the acid solution, and given something else; and sometimes, when a patient has returned with a fresh outbreak, I have tried this time to do without the solution, but always with the same result. The health often improves visibly under the use of these remedies, the skin grows clearer, and the muscles become firmer; while the face frequently loses to a great extent the careworn look it had acquired from long ill-health.

These preparations of steel, given in this way, and aided by an aperient, will cure a great many cases without anything further being required; but in some cases the dry stage itself

of ekzema demands a particular course of treatment, and in others not only does improvement cease without any manifest cause, while the patient is taking the steel with every possible precaution, but an unmistakable relapse ensues. In the latter case the best plan seems to be to give up the steel altogether for a week or two, to purge the bowels well, and then resume the steel *in increased doses;* by which means the surgeon can generally succeed in bringing the disorder up to the third or dry stage.

4. A course of arsenic, aided occasionally by cod-liver oil and an alterative preparation of mercury. Arsenic properly given, that is to say, just in such doses as the patient can bear without being made really unwell by it, will cure a great many, perhaps most, cases in this stage, in which alone it is useful. In other stages it has always appeared to me inert or injurious; but when the skin is simply red and tender, with a quick reproduction of unhealthy cuticle or scales, it is often of great benefit. Should, however, the surgeon only see the patient first of all at this stage, and ascertain that he has not taken steel, then I would suggest that the patient should either go through a short course of steel, or that this medicine should be combined with the arsenic; for though the statement may excite scepticism, I feel justified in saying that many patients bear arsenic decidedly better after a course of steel. I have repeatedly observed that, where patients could not bear even five-minim doses of liquor arsenicalis without so much irritation of the stomach, nausea, and purging, sometimes even followed by a very disagreeable result—peeling of the skin of the hands and feet—that the medicine had to be given up, even at the risk of seeing the worst symptoms return, these doses, after a course of steel, excited no discomfort, except in the conjunctiva, and not much even there. I believe, however, that this toleration of arsenic is quite artificial; after a respite of a few months, I have seen the same quantity of it produce the same disagreeable effects.

5. Cod-liver oil is one of the most valuable remedies in ekzema, and perhaps it would hardly be going too far to say that every chronic case is more or less benefited by it, if taken long enough, and in a proper way. Ekzematous patients are generally very sensitive to cold, and means calculated to evoke heat seem to agree best with them. The great obstacles to its use, the nauseous taste and the idea of swallowing a coarse animal oil, are soon overcome, and the result quickly compensates the patient for any disgust felt at the outset. Should the difficulty of taking it be insurmountable—as when it always brings on sickness, or when the

patient is an infant at the breast,—a broad fold of linen or flannel, steeped daily in the oil, may be worn round the waist. The worst of this plan is, that it makes such a filthy mess that one can only employ it in the case of children and persons who are or can be confined to bed; but it certainly does good, and patients get well and fat on oil used in this way.

I give the preference to Dr. De Jongh's oil over all I have tried. A pretty wide experience has satisfied me that the opinion I expressed some years ago as to its superiority, both in diseases of the skin and neuralgia, is well founded. I have heard men say that it cannot and ought not to do any more good than the pale oil, because the colour and taste are simply due to the blood and bones of the fish being pounded up with the liver. But a fair trial of its powers will soon dispose of such puerile objections; and, whatever the taste may be due to, most persons certainly find it less disagreeable and mawkish than the pale oil. Its cost, too, is less, as such a much smaller quantity of it is required. The dose should not be too large, never more than the stomach can bear comfortably. Grown persons seldom require more than three or four tablespoonfuls daily, often not so much; children bear relatively a much larger quantity, and may take, even when quite young, two to six teaspoonfuls daily. It seems to sit best on the stomach after plain food, not always digesting so well after soups, stews, hashes, curries, &c. I think also it answers best when given directly after meals; but this is purely an affair of individual experience. The most agreeable vehicle for taking it in is a small quantity of wine, like manzanilla, orange, or ginger, or coffee; the last suits some persons very well. Winter and spring are the most suitable times for taking it, and patients who cannot retain it on their stomach during hot weather, or lose their appetite for food under its influence, bear it perfectly well so long as the cold lasts. If the patient is to derive lasting benefit from its use, it should be given for quite three to six months. Should circumstances require a trial of it to be made during the summer, I would suggest the use of the cod-liver oil chocolate made by M. Lebaigue, of 9, Langham Street, Portland Place, and first introduced by Mr. Erasmus Wilson. I have used it in several instances with good effects. Each pound of it contains four ounces of the oil. Should all these resources fail, I would recommend a trial of cream, from four to eight ounces daily, or of the pancreatic emulsion prepared by Messrs. Savory & Moore.

But there are some stubborn cases which resist all these remedies, and in these a course of mercury will often give the *coup de grâce* to a disease which has defied everything else.

The biniodide and bichloride of mercury seem to be the most powerful salts of this class. I at once admit that after many trials I have been unable to satisfy myself as to which is the most potent of the two; but on the whole I think the bichloride, and Mr. Startin seems to have had great success with it. The biniodide, however, is also an excellent preparation. About one-eighth to a sixth of a grain of either will generally prove sufficient for a dose. This quantity may be given once, twice, or thrice a day, according to the severity of the complaint or the age of the patient. I have repeatedly given young boys and girls a sixth of a grain daily, with the best results. If given in a pill, the mercury should always be combined with the compound extract of sarsaparilla, or else with a sedative and aromatic, such as the extract of lettuce and the essential oil of peppermint or cassia, to prevent griping. When much pain of any kind complicates ekzema, or when there is a tendency to diarrhœa, a quarter of a grain of pure opium may be added. If the form of a pill be objected to, it may be given in some bitter tincture, such as cinchona or calumba; but syrup of some kind or other should always be added. The biniodide can always be given in solution, by mixing bichloride of mercury and iodide of potassium in proper proportions. But such adjuncts cannot be procured in hospital practice, and accordingly I have found that these salts of mercury do not always answer so well, and that the patients without exception complain of their depressing effect.

Almost the only complication likely to be met with in the treatment of ekzema, that is, so far as one can be considered incident to the other, is rheumatism, the remedies for which are the same as in other cases, hydrochlorate of ammonia, iodide of potassium, colchicum and embrocations, of which by far the best I have seen is a combination of *strong* tincture of opium, containing quite four times as much opium as the ordinary tincture, or of the same strength as Cooke's black drop; chloroform, camphor liniment, and soap liniment. The rheumatism of ekzema seldom resists these.

Supposing all this has been done, and that the ekzema, though better, is not quite well, or after being over and over again cured—so far, at least, as external symptoms are concerned—it perpetually shows a tendency to return, what is to be done? Shall we send the patient for change of air to some mineral spring, or give tar, cantharides, or some other drug recommended as a last resource?

To judge from my own experience, I should say most decidedly not. *I never yet saw such agencies, under such circumstances, effect a cure;* and I believe the best plan is to leave

the case to nature, feed the patient as well as possible, and give no medicine whatever for a period of several months; at the end of which time it will often be found that the health has improved, remedies long previously given perhaps aiding somewhat in the work, and then very slight means will frequently remove all visible traces of the disease. Almost the worst case I ever saw was set right in this way. The patient had been in a most deplorable state from ekzema and exhaustion for years, and at the end of a long course of treatment was still worried by the perpetual recurrence of the complaint. I recommended him to take no medicine whatever, to have meat twice a day, fat ham or bacon once daily; at least four or five glasses of port wine, and one or two of old whisky every day; to eat brown bread in place of white, and to take work as quietly as he could. These instructions he faithfully carried out. In the course of two years he had increased above a stone in weight, and for several months he had only suffered occasionally from a stray patch of ekzema, which invariably disappeared under the use of the dilute nitrate of mercury ointment. One year later his condition had improved still further, and at the present time he continues well.

External Applications.—In acute or very slight cases of ekzema, almost any mild astringent will suffice. Perhaps among the best we may rank oxide of bismuth in elder-flower water or camphor mixture, or liquor of the diacetate of lead, two drachms to the same quantity of either fluid. When expense is not an object, half an ounce of glycerine should be added, as, from its faculty of retaining moisture, it powerfully aids the purpose which lotions are intended to serve. When there is a large weeping surface, particularly in children, or of long standing in adults, the reader may try Dr. Hughes Bennett's plan.* It consists in applying a solution of carbonate of soda, half a drachm to a drachm, in eight to ten ounces of water, by means of a piece of lint soaked in the liquid and laid upon the part affected. The lint must be covered with thin gutta-percha or oiled silk, to prevent its getting dry, or else the management of the affair must be entrusted to the care of some person who will see that the lint is kept moist, for which purpose it should be sprinkled continuously with cold water, the lotion being only occasionally applied. If this plan be properly carried out, if the linen be kept wet all day long, and still more if this can be effected day and night, the effects are often marvellous; but if it get dry, the soda speedily irritates the surface. The

* *Lancet*, 1863, vol. ii. p. 259.

addition, however, of glycerine, half an ounce to eight ounces of fluid, will mitigate this to a certain extent, but nothing compensates for want of attention. Dr. Wallace has reported* some cases in which the beneficial results of this plan were very marked. My experience of it is that, though it gives great relief, yet it has very little curative power; that it is only suitable for a large wet surface, and that it is apt in ekzema of the head to give a bad cold.

In chronic ekzema, a lead lotion—two or three drachms of liquor plumbi to eight ounces of camphor mixture—may be employed at first. In many cases, where the surface is very irritable, it answers best when gently warmed previously. When expense is not an object, a little spirit and glycerine should always be added. So soon as the discharge and inflammation are checked, Mr. Wilson's zinc ointment forms an admirable dressing. It should be gently melted down, or rubbed down with an eighth part of spirit of camphor, and smeared like thin cream on the part. All surfaces to which ointment is applied should also be covered with old linen. When once ointments are begun, no more watery applications should be used, nor should the part be washed, except when the ekzema is seated on the head and is discharging freely, as happens sometimes, especially in children, or when it is seated in parts where washing cannot always be avoided, as the hands, face, &c. At such times the discharge, when the ekzema is seated on the head, is sometimes retained under the crusts, or the hair gets matted with it. Here it is very useful to poultice the crusts till they are thoroughly softened, and then remove them by very gentle washing with hot water and yolk of egg, or, what I prefer to anything else, the St. John's Hospital soap, sold by Mr. Hooper. In some cases a weak lotion of chloride of zinc, a grain to an ounce, with the addition of half a drachm of mucilage, is a very valuable application to the head: it is only here that I have found chloride of zinc useful. But for the entire removal of ekzema in the dry stage, especially if obstinate, we must turn to a more potent remedy, one of the nitrates of mercury. I have never seen the oxide of zinc ointment, even that prepared by Messrs. Bell, of Oxford Street, really cure a patch of severe ekzema, and I have repeatedly treated in the same patient one patch of ekzema with the nitrate of mercury and one with the oxide of zinc, the result being invariably most decidedly in favour of the former; I have also made similar trials with the ointment of the nitric oxide with the same

* *Lancet*, 1863, vol. ii. p. 259.

result. Indeed, in my hands it has proved superior to any application I have seen tried. Some months ago I showed several surgeons the effects of its action compared with those of chloride of zinc, as recommended by Dr. McCall Anderson, and the zinc ointment. Three patches were selected on the same patient, pretty nearly of the same size and in the same stage. One was treated only with the solution of the chloride, one with the zinc ointment, and one with dilute citrine ointment. At the end of a few days it was manifest to every one that the action of the nitrate was superior to that of the zinc ointment, and this again to the action of the chloride, and by the time that the patch treated with the nitrate was healed, that to which the zinc ointment had been applied was much better, while that treated with the solution might be roughly computed, so far as such computations hold good indeed, at only halfway towards a cure. These applications were now abandoned, and the nitrate was alone resorted to, under the influence of which the progress of the two remaining patches was soon visibly accelerated.

But if the application is to be useful, it is indispensable that it should be properly made up and properly employed. In the first place pure, well-made nitrate of mercury ointment only should be selected. A great deal of that which is generally used is totally worthless, being dry, dirty green, and rancid, spoiling almost as soon as it is made ; whereas, when properly made, it retains its bright yellow colour for months. The dilute ointment should only be prepared when it is wanted, and the best plan is simply for the patient to rub it down with a little almond-oil till it is of the consistence of cream, and always to throw away what is left. If the eruption be seated on the head, the hair should be cut off in children, and the ointment applied night and morning. A linen cap should also be worn day and night; but grown persons cannot or will not submit to this. The hair should, therefore, be carefully parted, any crusts gently detached, and the ointment rubbed carefully but not roughly in, the cap being worn at night only. Should the hands be affected, soft leather gloves, with the tips of the fingers cut off, should be worn during the night, and, if possible, the day also. Where there is very little hair, and the eruption is only slight, the ammonio-chloride of mercury may be tried ; it is one of the cleanliest and least offensive preparations that we possess, but in point of efficiency I would place it decidedly below the nitrate ointment. Some persons with a strong tendency to ekzema, or after the cure of the worst part of their complaint, suffer a good deal from a chapped, red, and tender state of the

skin. Cold cream is often very useful in relieving this; but it must be pure: the stuff often sold under this name is almost entirely composed of bladder lard adulterated with lime and salt. A powder, composed of equal parts of rice powder or American corn-flour and oxide of zinc with camphor, dusted over the face during the daytime, especially when the patient is going into cold east winds, is also of great service. Whatever theoretical objections may be made, ointments cannot be too sedulously employed in ekzema, even during the day, and when the eruption is seated on the face and hands. When the hair is falling from ekzema, I know of no remedy so effectual as cutting it quite short, and blistering the skin, as for alopekia. With regard to the itching, I never yet saw any remedy materially affect it. The cure of the itching is the cure of the disease. The same statement holds good of another disagreeable but rare symptom, a kind of neuralgia or rheumatism of the skin, sometimes seen in ekzematous patients. Mr. Wilson says he has found no remedy for it equal to a solution of nitrate of silver, a grain in an ounce of spirit of nitric ether.

There is one form of ekzema which is peculiarly refractory, the ekzema siccum of the hands. It is seated on the palms of the hands, and both palmar and dorsal surfaces of the distal phalanges, which are fissured deeply and extensively. The skin often looks as if pieces had been chipped or torn out. Sometimes a small patch on the palm of the hand discharges for a time, especially in workmen, when fretted by the continual pressure of the tools they use; more frequently it is only red, tender, stiff, and partly deprived of cuticle. It is often seen in those who have to handle a good deal of cloth, and is widely different from the grocer's itch, which attacks the backs of the knuckles, hands, and wrist, often discharges serum, is occasionally complicated with impetigo, and is easily curable. The treatment which has succeeded best in my hands is to give a course of steel and arsenic for some time, to steep the part all night by means of a piece of wet lint wrapped round it, and over this a sponge-bag, with a cloth tied over the bag again, and to rub in the ointment of the red iodide of mercury of the British Pharmacopœia, with at least eight or ten grains of veratria to the ounce, raising the quantity of the iodide, if the patient can bear it, till a drachm to an ounce is reached. These are the only remedies I have ever seen effectual. Mr. Gay, I believe, has used the decoction of hellebore for this affection with great success. He directs it to be strongly rubbed in, and uses no particular general treatment.

Patients suffering from ekzema should never wash in cold water; on the contrary, I think they cannot use it too hot. If expense be no object, a sixteenth to an eighth part of glycerine should be added to the water. When the surface is too tender to bear even this, I would recommend a decoction of linseed. The uncrushed seed only should be used; four or five tablespoonfuls are put into a quart of water, and boiled down to a pint. The fluid is then strained, and used hot. Thin gruel boiled for quite twenty minutes is also very useful; it seems to soothe the irritation in the skin when nothing else is tolerated.

Soap should, I think, with one exception, be abolished. As a rule, the best soaps are imperfect, and contain free alkali. When the soap is dissolved in the water, still more alkali is set free, and this acts on the acid fats in the cutaneous secretions. Bad common soaps, and the trash generally sold as toilet soaps, are still worse; they are made of the coarsest kinds of fat, and contain a larger proportion of alkali. In proof of this it may be stated that they are sold much cheaper, even scented, than pure soap, without the addition of such an expensive ingredient, can be procured direct from the soap-boiler. All the golden, aniline, red soaps, &c., owe their colouring to some noxious or useless ingredient. Most of the foreign soaps are still worse than the worst English ones, as, being made by what is called the cold process, much more alkali is required to fix the oil. The soaps sold as glycerine, sunflower-oil, &c., are simply in most cases impositions. Price's solidified glycerine contains a large amount of pure glycerine; a very excellent glycerine soap is also made by Messrs. Bell, and no doubt a pure article of this kind can generally be procured from any large chemist; but I have been assured, on undoubted authority, that whole tons of soap are sold, bearing, according to the demand in the market, the name of glycerine soap, or sunflower-oil soap, and coloured according to the taste of the day, which do not contain a drop of the liquids from which they take their names. Most of the medicated soaps, if strong enough to have any effect at all, set up such irritation in some persons that they cannot be borne. I have heard in especial several persons complain most bitterly of the suffering they endured from the use of juniper-tar soap.

The one exception I have mentioned is the transparent soap made by Messrs. Pears originally for St. John's Hospital, and since that time for at least two other hospitals. It is, after boiling, thoroughly dissolved in alkohol, precipitated and made up again. It consists of pure oil and the lowest necessary amount of alkali. It contains no scent and no medical ingredient

whatever, and this produces, perhaps, less irritation in the skin than any known substance of the kind.

The preparations of tar, such as those from juniper tar, the Russian birch tar, creosote, &c., form so important a group as to merit a notice by themselves. I have had little experience of juniper tar, but both the others appeared to me inert. I never saw creosote do any good, and I know that others have noticed the same thing. Perhaps Mr. Nayler's statement* that there is a wide difference between the ordinary creosote prepared from wood and the German creosote obtained from coal tar, which is almost identical with carbolic acid, may account for some of the discrepancies in the results. The Russian tar produced no effect except sometimes in the dry stage, whereas in lepra it is often very useful.

It is almost time the authorities agreed on some of these points. Mr. Startin denounces soap,† substituting paste made of oatmeal, or gruel made of bran, oatmeal, linseed-meal, arrow-root, or starch; or he prescribes warm milk-and-water, or yolk of egg and water. Mr. Wilson, on the other hand, is such an advocate for soap that he thinks there can hardly be too much of it: when it sets up irritation, the fault lies not with the soap but with the skin; if the skin will not bear soap, it must be trained to do so. He recommends,‡ almost indiscriminately, the better kinds of glycerine soap, Carrick's elder-flower soap, and Groux's turtle-oil soap. The latter, I believe, is no longer made, not having proved remunerative. Glycerine soap is, I believe, useful, in so far as it does no harm; but I have invariably found yellow soap irritate the skin in ekzema, however useful it may be in health.

Baths, hot or cold, simple or medicated, saline or chalybeate, Turkish or Russian, are one and all useless or injurious in ekzema. Sheridan is said to have remarked that man is not altogether an amphibious animal, and certainly ekzema does not prove him to be one. In fact it is one of the complaints in which the human skin will not bear much steaming of any kind. Vapour-baths of dry air, and sulphur-baths, proved still more injurious than the others. Still there is no denying that baths with linseed, gelatine, quince-seed mucilage, glycerine, and starch, seem to have been very useful in the hands of Mr. Startin, some of the physicians at St. Louis, and other writers. Some of the continental surgeons make great use of baths, sometimes employing various kinds in conjunction; for

* Treatise on Diseases of the Skin.
† *Medical Times*, 1858, vol. ii. p. 245.
‡ Healthy Skin, sixth edition, p. 162.

instance, M. Bazin* uses starch and sulphur or alkaline bath at the same time, prescribing along with them a vapour-bath occasionally. M. Hardy also uses baths in ekzema,† as does Hebra.

There is one way in which the sulphur-bath may be occasionally very useful, and that is, as a rude means of diagnosis. The papular or pruriginous form of ekzema is, like impetigo about the hands and feet, only to be discriminated with great difficulty from scabies; there is little to rely on except the presence of the insect and the history of the infection. The latter is often obscure, and the detection of the acarus is difficult enough to those not versed in such vexed matters, and not very easy to the most experienced. Eruptions on the mammæ in women, especially those who are suckling and have infected children, on the insides of the thighs, lower part of the belly, and the knuckles in adults, and on the breech in infants, are, of course, suspicious, but they are not pathognomonic signs. Now, a few sulphur-baths generally do a great deal of good in ekzema *really* resulting from scabies—for this is sometimes a complication and not a cause—whereas in ekzema they are useless or set up irritation, which, however, disappears promptly when they are left off.

Exercise.—After counselling the patient to protect the skin as much as possible from the air, it may seem a contradiction to recommend plenty of out-of-door exercise; but trial will show that they are quite compatible. All things that irritate the skin should be kept from it, and the air does irritate it. The most successful local treatment seems to be that which most effectually wards off the air, and I suspect that the efficacy of the nitrate of mercury ointment is due not to any curative power it possesses, but to the fact that the nitric acid combines with the albumen of the serum and epidermis so as to form a crust almost impermeable to the atmosphere. Too much light is almost as injurious, and I have often traced relapses to long exposure to the sun, or to the east winds in very bright days. Indeed, in some very severe cases, and until a certain progress has been made towards recovery, the best plan would probably be to shut patients up in a dark room. But cases which require such stringent measures are exceptions, and in general the patient is all the better for plenty of fresh air and exercise. As a rule, I have no faith in any system of treatment which compels people to stay in the house. M. Rayer says‡ that he has met with "several cases of ekzema in which

* Affections cutanées, p. 311.

† Leçons sur les Maladies de la Peau, p. 77.

‡ A Therapeutical and Practical Treatise, &c. By P. Rayer, M.D., p. 302.

a vast variety of therapeutic agents had been fruitlessly employed whilst the patients went on with their usual occupations and took active exercise, but which were successfully attacked by the same means from the moment these individuals consented to lay themselves up." This may now and then happen with patients who are unable to procure a sufficient supply of wholesome food; who sleep in close, overcrowded, stinking bedrooms; who have to stand a great deal, and to face all weathers, or who lead a very hard, anxious, or wearing life; but I have never seen an instance in which I could fairly trace the incurability of ekzema to such causes.

Again, great exhaustion may militate against the patient taking much exercise, especially in the shape of walking, which is not a desirable method when there is any great weakness, or when it is carried to the extent of inducing fatigue. Apart from these exceptions, I always advise as much exercise as the patient can get, especially in the shape of boating, cricketing, riding, &c.

Diet.—As to diet, all that ever I have observed points to one conclusion, namely, that ekzema is another word for exhaustion. It occurs to a great extent among those who work too much and use an innutritious diet, or in whom malassimilation is going on. In some persons it seems to be almost a necessary result of an improper mode of living and overtaxed energy. Great anxiety, which is so potent and prevalent an agent in the development of ekzema, almost certainly entails some degree of exhaustion. I have often found that patients suffering from ekzema, as indeed from many other forms of exhaustion, either owing to want of appetite for plain wholesome food, or to want of means, go day after day without dining; living on tea or coffee, and bread and butter, or bacon, bloaters, sausages, or something of that kind, as "a relish." One of the worst cases of ekzema I ever saw was in a gentleman who boasted that he never dined. He took six or seven cups a day of strong coffee, and the sort of diet I have just mentioned. Long before he was rid of his ekzema he was quite satisfied that he had been making a mistake. In some few cases ekzema may be brought out or kept up by the over free use of stimulants; but it prevails very extensively among temperate persons and total abstainers; and in children, among whom it is seen to such an extent, stimulants have nothing to do with its appearance. Occasionally it seems to come on from want of fresh vegetables, and wears much the appearance of scurvy, for which it is frequently mistaken by patients, being marked by great loss of strength, soft, spongy state of the gums, indented tongue, foul breath, tendency to

bleeding from the mucous membranes, costiveness, coldness, and coarse muddy look of the face, often with great dejection of the spirits.

I have always found that a good plain diet, containing a fair amount of meat, say half a pound a day for an adult, with a large proportion of fat, an item only too often omitted or objected to by patients, with plenty of well-boiled vegetables, fat ham, or bacon and eggs daily for breakfast, and some good red wine, was most suited for ekzematous persons. The patient should eat only brown or household bread, the white bread commonly sold containing scarcely any nutrient matter. Fat bacon fried, boiled eggs, and brown bread form perhaps the most nourishing and digestible diet that can be put upon the table. After numerous trials, in which I have been very kindly assisted, I am disposed to say, with very little, if any, qualification, that red wine is much superior to any kind of beer or spirits, and that the best kinds I have tried are Tarragona and claret. The latter answers very well in extremely hot weather, and it is not in any way necessary for medicinal purposes that it should either be old or finely flavoured; it is quite enough that it should be free from adulteration and not acid. A wine answering all practical purposes may be had for about a shilling a bottle, a price which brings it within the reach of all but the very poor. In winter I always give Tarragona where money is an object; and extremely fine dry old port to those who can pay any price. Pure Tarragona, which can be procured of the Wine Agency Company at eighteenpence a bottle, is an excellent wine, and contains so much natural alkohol that the high duty is charged on it. A great deal of the Tarragona, however, found in the market, especially that sold by persons who advertise extensively, is nothing more than cheap claret sweetened, and when held to the light shows the beautiful purplish hue of claret, whereas Tarragona is of a tawny tint. A grown person may take at least three to four glasses of this wine a day; and even children bear a glass daily very well, particularly if made into negus. When the weather is neither very hot nor very cold, two glasses of Tarragona and four of claret mixed together make a very useful and pleasant substitute for either separately. In women who are suckling stout may sometimes be given, but it never answers so well. When the scorbutic symptoms just spoken of are prevalent, pure lemon-juice becomes invaluable; and it is a singular fact that no remedy which I have tried relieves the sensibility to cold often noticed in ekzema so quickly as lemon-juice; but only the freshly-squeezed juice should be employed; that sold in the bottle by fruiterers and confectioners cannot be relied

on. The same effect from lemon-juice has been noticed in the cold stage of ague.

From starving, bleeding, and purging, men have gone to the other extreme. Fat meat, cod-liver oil, bran biscuits, five or six glasses of wine daily, stout to dinner, rum-and-milk first thing in the morning, hot milk and beef tea between breakfast and lunch, and even food during the night, are now given to patients who a few years since would have been restricted to gruel and tea, dry toast and barley-water, with about as much solid food as would just keep a baby alive; a diet much more calculated to hasten the passage of the spirit to another world than to support the frame under the devastating action of calomel, antimony, and black draught; bleeding and leeches. In skin diseases, at any rate, extremes meet, and at a point where they do mischief; the high feeding of the present day is as hurtful as starvation was. It might, in rare cases, be put in requisition for a few days, with the view of relieving great exhaustion, but as a system it does not answer. Too much animal food is especially injurious in ekzema. We do not know very much about the action of food, but this much is well known; for it is an established fact, that however good may be the meat on which soldiers and sailors are fed, if they have too much of it and too little vegetables, they get into a state of purpura, frequently accompanied by ekzema, and certainly close akin to it; both bone and tissues being in such a state that a slight blow will blacken a whole limb. On the other hand, the better the feeding, so long as it is well digested, the healthier the skin; starvation makes it coarse, flabby, and offensive to the smell. Hufeland mentions* that a lunatic who wanted to starve himself to death, exhaled a most noisome smell from his skin so soon as the starvation began to tell upon his health. To a certain extent I can confirm this. Not only have I observed that the skin is, upon the whole, more offensive in the underfed, even when cleanly, but I have notes of six or seven cases where, to my surprise, I had remarked that persons whom I had known in better circumstances, and in whom I had then never noticed it, had acquired, during poverty, a very unmistakable odour. At the same time, I cannot say that these observations are sufficiently complete to warrant me in drawing any particular conclusions. They point to some fact, but nothing more.

In acute ekzema, or very sudden and severe relapses, a light diet, such as chicken, rabbit, ham, veal broth, with fish, like

* Hufeland's Art of Prolonging Life, edited by Erasmus Wilson, second edition, p. 29.

soles, and farinaceous diet, is often advisable for a few days. Again, I have often seen patients worse after indulging too freely in pork, curries, strong soup; and patients themselves frequently notice the fact.

Mr. Wilson does not fear any ill effects from the use of salt meats; he thinks it bad reasoning to argue that, because soldiers and sailors suffer from scurvy, owing to their being fed so much on junk, therefore our salt meats, which are fresh and sweet compared with junk, are likely to bring on scurvy. A monotonous diet he thinks injurious, as does Mr. Hunt, who holds that so long as there is plenty of change it is of little moment what people eat, and that half the skin diseases under which children at boarding schools suffer owe their existence to the sickening monotony of the food and the restraint. I agree with the latter part of the paragraph; boarding schools, as a rule, all deteriorate the health; but I think it is of great consequence what people eat in ekzema, and that very few can be trusted to exercise their own discretion. There is a proverb which says that at thirty every man is a fool or a physician. The wide-spread acceptance of this adage shows how much men like to be relieved from the trouble of thinking. As often happens in such cases, a a very thin husk of truth conceals a mass of absurdity. It is true that at thirty a great many men are fools; Carlyle says this is the case with most of us. Again, it is true that at thirty a few men are physicians, that is to say, in the true sense of the word; but a man has only to cast his eyes about, and he will see that the majority of mankind are neither the one nor the other. The proverb, however, is generally supposed to mean, that at thirty every man who is not a born fool knows what is best for him in the way of diet, exercise, baths, &c. Admitting that a few men, who have contrived to ruin their digestion at that early age, or who have naturally a very weak stomach, or are extremely fastidious, are aware that certain things will agree or disagree with them, it is yet quite certain that they know nothing of what is best suited to repair the waste going on in disease. The best authorities are so completely at variance here, that anything like certainty is quite out of the question, and we have only crude observations and convictions to rely upon. As to baths, &c., men have been in general so little able to judge rightly, that nearly every improvement in this direction, as in ventilation, drainage, &c., has been forced upon them by medical men; and with regard to exercise, the form in which it is taken by nine persons out of ten is absolutely injurious in such exhausting diseases as ekzema.

For young children the best kind of food appears to be a farinaceous diet, with plenty of milk, and a fair amount of fresh meat. Their taste for sherbet and whey, shell-fish, sweets, and green fruit should be kept in check. Cod-liver oil is an excellent article of diet for most children suffering from ekzema, especially during the winter months. Too much animal food, however, especially lean meat, is almost always injurious here, as indeed it is generally for young subjects. "I have certainly," says Dr. Henry Bennett,"* throughout my professional career remarked, as already observed, that meat-fed children and great meat-eaters are not stronger than other people. With children, indeed, it is the reverse. The children whom I have attended, who have lived on meat, eating it three times a day—certainly not by my advice—have not proved as strong nor as healthy as those who lived on a more mixed dietary"; experience which will, I think, be borne out by every observing physician. Pale brandy may be given to children when they are suffering greatly from exhaustion; but to be of any service it must be administered in tolerably large quantities.

The greatest attention should be paid to the diet of infants. In the *Medical Times and Gazette* for 1867† there is a very well-written article on this subject, and the different addresses are given where the best varieties of infants' food can be procured. The writer's bias seems clearly to be towards Liebig's food, prepared, however, in a better way than at first recommended. My own experience would lead me to look upon it as superior to any other kind of infants' food; but it is difficult to prepare, and mothers must be warned that remissness on this head will ruin everything.

But there is one article of diet for these little folks, when suffering from bad ekzema, syphilis, or severe scabies, which I give to an extent that will probably excite scepticism when I announce it. I am quite prepared for this, having repeatedly noticed the surprise and incredulity which the statement almost always elicits. However, it is a question of fact, not of credibility. The article I allude to is pale brandy, and the amount given is four, five, and even six tablespoonfuls a day to children under a year old. One or two tablespoonfuls, mixed with a little warm water, and a small quantity of sugar, may be given the first day, and the quantity be gradually increased. The brandy should always be given after a meal, and the quantity administered during the day should be divided into equal portions for each dose; for instance, should

* *Lancet*, 1866, vol. ii. p. 488.

* Vol. ii. p. 203.

six tablespoonfuls be given, and the child have the breast or food eight times within the twenty-four hours, about two-thirds of a tablespoonful should be given after each time of feeding.

It is surprising how very well young children thrive upon this system. Mothers who were quite horrified at the idea of giving even a teaspoonful of brandy to a baby, have become so convinced of the benefit the children derived from it that they were only too solicitous to continue the treatment. Several have said that under its influence the children have recovered, quite against their expectation. The quantity is large, I admit; but small quantities, such as a teaspoonful, have never appeared to me of any service whatever. It is absolutely necessary to use pure cognac; even a small quantity of grain spirit will often make a child quite ill. I therefore wish to be distinctly understood on this point. I do not say that brandy is suited to such cases, but that pure, pale grape brandy is.

Such are the remarks I have to make with regard to the leading forms ef ekzematous disorders. The varieties offer nothing to detain us. Those like ekzema solare I consider to be simply blistering from heat, and therefore requiring little beyond a mild febrifuge or aperient and cold cream, or a soothing lotion of bismuth or lead.

REPORT OF CASES OF DISEASE OF THE SKIN OCCURRING IN DISPENSARY PRACTICE. By H. Samuel Purdon, M.D., F.R.C.P. Edin., Physician Belfast Hospital for Diseases of the Skin.

SYKOSIS.—Charles M'Carthney, æt. 30, by occupation a porter in a linen warehouse, admitted at the Belfast Dispensary for Skin Diseases, February 13th, 1867, suffering under sykosis of the upper lip. The patient has a moustache and beard, but the chin, the usual seat of this disease, is healthy. He cannot attribute the disease to any cause, never having suffered under any cutaneous disease heretofore, and his health has always been good. The upper lip presents several tubercles, the smallest being about the size of a pea, the largest the size of a hazel nut, and which is of a lobulated appearance, situated under the nostrils. A few of the tubercles are slowly suppurating, and the mucous membrane lining the nares seems to be congested.

The disease has existed for about five months. A few scabs are present, and, when removed, slight bleeding takes place; the subcutaneous tissue is thickened, and harder than natural. Through each pustule a hair passes, which is easily extracted, and when examined under the microscope, found to be loaded with the parasite *microsporon mentagrophytes.* The disease first commenced in a small patch of erythematous redness, accompanied by itching.

The treatment adopted was first, a poultice to remove the scabs and crusts; after which the hairs were extracted from off the diseased surface, followed by the application of a solution of two grains of the bichloride of mercury to the ounce of water. After which a little sweet oil was firmly rubbed into the epilated part. The hairs had to be extracted several times; the lip, after the source of irritation was removed, eventually regaining its natural appearance.

In another case a solution of creosote, alkohol, and water acted very beneficially, which remedy, according to the experiments of M. Béchamps on the influence of creosote on fermentation, appears to check the development of the spores of mucedinæ and the ova of infusoria. In sykosis creosote prevents the sporules of the parasite from germinating.

Alopekia is sometimes the result of sykosis, and is occasionally permanent. With regard to the diagnosis, sykosis, especially in its early stage, might be mistaken for impetigo. Tubercular lupus and some forms of syphilis bear a considerable resemblance. Akne is likewise liable to be confounded, but the detection of the parasite clears up all difficulty.

FAVUS.—John C., æt. 14, admitted at the Belfast Dispensary for Skin Diseases, April 10th, 1867, suffering under favus of the head, which has existed for upwards of four years. Has for the last two years been residing at the seaside, where he was sent for change of air by his medical attendant, but has derived no benefit. Is a stout, healthy-looking boy, presenting no signs of struma. The disease commenced on the occipital region, whence it gradually extended, and at present the whole head is affected, the favus-cups being best marked and most numerous on both temporal regions. Several bald patches exist on various parts of the head. The patient attributes the disease to an injury received by falling against a rusty nail. The hairs are covered with nits, and the odour of mice characteristic of favus is perceptible. The treatment adopted in this case was first to cut the hairs off to within a short distance of the scalp, after which poultices were applied to detach the crusts, the extraction of the hairs being then commenced, followed by the application of strong tincture of iodine, the Pharmacopœial preparation being too weak. Subsequently citrine ointment was applied, and internally arsenic was administered. At the end of four months the patient was discharged cured.

Favus is a rare disease here; out of 2,100 cases of cutaneous diseases admitted at the Dispensary, I have only met with five instances. This disease is occasionally met with in animals; and I can call to my recollection the case of a little girl about ten years old who had several favus-cups on her eft arm, and which she obtained by nursing a cat, the subject of this disease, several cups existing on the animal's paws and neck. I have also seen a

mouse affected with favus, and which is preserved in the Glasgow Dispensary for Skin Diseases. M. Gruby succeeded in engrafting the *Achorion Schoenleinii* on the bark of the oak.

Akne.—The following case of akne has been selected, more with the object of showing the result of a new method of treatment than containing any feature of special interest. The plan of treatment hereafter mentioned I have now tried in some thirty cases of hypertrophic akne, and with the best results.

James B., æt. 15, admitted at the Dispensary for Skin Diseases, January 26th, 1867, suffering under hypertrophic akne of the face, and which has existed for some years. The face, I may say, was completely covered with akne, most numerous on the forehead, in various stages of development; numerous black specks are interspersed here and there, showing the former existence of akne in these situations. The largest of the present crop is about the size of a pea; all are hard to the touch, becoming softer as they suppurate. The boy's general health is excellent. I commenced treatment by prescribing a mixture containing sulphate of magnesia and sulphate of iron in infusion of calumba; also to avoid using soap to the face. The local treatment adopted was that recommended by Dr. George Ross in his "Lectures on Diseases of the Skin," page 37, and who states "that if a case of akne be watched narrowly, it will be found that the same follicles inflame and reinflame at successive times"; and the method he adopts is to destroy the follicles with strong nitric acid in the following manner:—"A small incision is made through the skin over the follicle, and then a small capillary tube previously charged with the acid is applied. The acid penetrates the follicle, but does not burn any portion of the skin beyond the circumference of the tube." No noticeable mark is left; and as only a few follicles are cauterized at one sitting, the pain produced, which is of a stinging character, is slight.

Ekzema squamosum.—Mary V., æt. 37, married, has two children, who are both quite healthy, admitted at the Belfast Dispensary for Skin Diseases, December 22nd, 1866, suffering from ekzema squamosum of the chest, abdomen, thighs, and head, which commenced shortly after the birth of her second child, about two years since, and has gradually become worse. In appearance the patient is tall, thin, features pale and slightly pinched, and the hairs are rapidly falling off from the affected parts of her head. Her general health seems to be considerably below par, appetite bad, and she is easily tired after any exertion. The skin of the parts affected is infiltrated, thickened, and of a reddish colour, covered by white scales of a laminated appearance; occasionally is greatly tormented by itching in the diseased parts. The eruption at present is perfectly dry throughout. The patient states that when the disease first commenced, and when of small extent, it used to "water" considerably, the linen and cloths in immediate contact with the diseased parts becoming stiffened, as if with starch. On her back several furunculi are present, and the scales exfoliate in large quantities.

From the chronic nature of the complaint, the patient was put upon arsenic at once, the preparation ordered being the liq. sodæ arseniatis, given in doses of ten drops three times a day after food. This arsenical preparation I have

found to be superior to Fowler's solution, especially in squamous diseases, and very rarely sickens or disagrees with the stomach. Cod-liver oil and a good nutritious diet were also prescribed. The local applications used were—to the head, one drachm of calomel to an ounce of the glycerole of starch, which kept the surface moist; to the other affected parts, "Hebra's tincture," which consists of equal parts of tar and black soap, dissolved by the aid of heat in rectified spirit, was applied every morning, and washed off at night with black soap. Latterly the oil of cade was substituted for the tar; and, besides being much cleaner, I think it removed the infiltration more rapidly. During treatment, emollient baths were occasionally prescribed. Discharged cured, April 3rd, 1867.

This patient, since her former attendance at the Dispensary, again applied for relief, as she was afraid of her old complaint coming back. She has lately been confined of another child, which is at present three months old. Being naturally of a weak constitution, the nursing of her child is evidently too much for her, her appetite becoming bad; and a small patch of erythema exists on her left arm, which is itchy. Recommended to discontinue nursing, and to have cod-liver oil and syrup of the iodide of iron.

This case is interesting, as showing the return of the original disease during lactation, on the discontinuance of which the affected part recovered.

RUPIA SYPHILITICA.—Mrs. M., æt. 33, admitted at the Dispensary for Skin Diseases, August 21st, 1867; suffering under rupia, which has existed for upwards of one year, and is situated on the head, shoulders, and upper extremities. Numerous depressions and cicatrices are visible, showing the various places where the disease has previously existed.

The disease commenced by the appearance of several vesicles, surrounded by a slightly-raised and dusky-red areola, and which, after bursting, concreted into scabs; at present of a conical shape, on the body and upper extremities; extremely hard and adherent. On the head they are flat, the hairs in their immediate vicinity being matted together. A few superficial ulcers are apparent, from which the scabs have fallen off. The patient's appetite is bad; posterior cervical glands enlarged; hairs come away in large quantities in the comb; and the patient complains of nocturnal pains in the bones, which prevent sleep. My patient has been married several years; has never had any children; her husband, she states, is quite healthy; she has never suffered under any other cutaneous malady; and indignantly denied ever having had a chancre. Before the present complaint appeared, suffered under a sore throat.

From the appearance of the eruption, its existence on the shoulders, upper extremities, and head, the common seat of the non-syphilitic variety being the lower extremities, and previous history of the case, there remained little doubt of the diagnosis being correct, viz., that the patient was suffering from a syphilitic eruption, an opinion which the treatment adopted proved to be true. This species of secondary eruption usually occurs in persons advanced in life and broken-down constitutions.

Before applying at the Dispensary the patient had been taking the liq. hydrargyri bichlorid., pil. calomelanos co. and sarsaparilla. The treatment adopted was as follows:—Ten grains of the iodide of potassium three times a

day, increased gradually to fifteen, combined with aromatic spirit of ammonia, to prevent any running from the eyes or nose, and every second night a pill, containing half a grain of the green iodide of mercury and a quarter of a grain of opium. Cod-liver oil and a good nutritious diet were also prescribed. Locally, poultices were applied, followed by the application of the ung. hydrargyri ammoniati, and to the head citrine ointment was ordered. The superficial ulcerations were dusted with a little finely-powdered cream of tartar, as recommended by Rayer, and which acts as a good stimulant and antiseptic.

Tertiary Syphilis *connected with Diseased Bone.*—M. M'C., æt. 38, admitted at the Dispensary for Diseases of the Skin, October 10th, 1866, suffering under a tubercular syphilitic eruption on her neck and chest, and, which was of a more serious nature, necrosis of the frontal and right parietal bones: the former was about the size of a five-shilling piece, the latter extended from the sagittal suture downwards towards the right ear, and is in length two inches and a quarter, and in breadth about three inches. The diseased bone has existed for upwards of six months, and commenced from a suppurating node in both situations. At present the patient complains of nocturnal pains, constitution greatly debilitated, and body much emaciated. Little hopes were held out of recovery.

Internally, the patient was put upon iodide of potassium in doses of ten grains three times a day, with five grains of compound calomel pill and a grain of opium at night, the mercury being carefully watched. As the smell from the discharge from the forehead and temporal regions was very offensive, a lotion containing Condy's fluid was ordered, and which had the desired effect. On February 2nd, 1867, the patient brought me the necrosed portion of the frontal bone, and which consists of the external plate. After its removal, the sore rapidly granulated and healed up, a permanent depression remaining; the other necrosed portion of bone occasioned a good deal of irritation, is apparently loose, and raised at the edges. At the request of the patient I determined to remove it. Chloroform was administered by Dr. Brice Smyth, when with an elevator it was endeavoured to detach it from its connections with as little force as possible, in which attempt I succeeded at every part except the posterior corner next the ear, when, on slightly depressing the elevator, a small piece of the internal plate came away, the membranes of the brain being distinctly seen pulsating. This deterred me from further proceedings, and we agreed to leave matters as much as possible to nature. In four weeks after the above attempt the bone was loose enough to remove, after which the part rapidly healed. The detached bones are preserved in the Museum of the Dispensary, and at the present time the patient is perfectly restored to health.

Lupus.—The following case of lupus is selected for the purpose of showing the efficacy of the nitrate of silver in this disease; and I have now treated upwards of twenty cases with the same remedy successfully.

Jane M., æt. 21, admitted at the Dispensary for Skin Diseases, May 15th, 1867, suffering under lupus non exedens of both alæ nasi and part of right cheek, which has existed for upwards of six years, is slowly creeping onwards, and in some parts has healed; the diseased surface is of a dusky salmon-

colour, distinctly tuberculous, which in many places has softened and ulcerated; patient's voice has a peculiar husky tone, which I have observed in several similar cases; general health good; exhibits no appearance of struma.

The treatment adopted was as follows:—A poultice was first applied to remove any scabs, the night previous to operation; on the next day, chloroform having been administered, I then proceeded to bore, so to speak, a sharp-pointed stick of nitrate of silver into each tubercle, cauterizing, as well as possible, the diseased part. The after-dressing consisted in applying a cold-water bandage for twenty-four hours, when the affected part was allowed to scab. The evening following the operation an opiate was administered. Internally the patient took iodide of potassium and cod-liver oil.

In some cases it is necessary, a few weeks after operation, to apply tincture of iodine or iodized glycerine to the affected part, which removes any thickening of the skin. In a few cases I have tried a solution of chromic acid, 100 grains to the ounce, which is a deeply penetrating caustic, but inferior to the nitrate of silver: this latter remedy is not suited for the erythematous variety, which, according to Hebra, is merely a *seborrhœa congestiva.*

NOTES ON FAVUS.

By H. SAMUEL PURDON, M.D., L.R.C.P., Physician Belfast Hospital for Diseases of the Skin, &c.

HAVING latterly had good opportunities of observing the disease known as favus, it has occurred to me that the following "rough notes" might not be uninteresting.

Favus, due to the presence of the *Achorion Schœnleinii,* is a common affection in damp countries; for instance, in Holland, peculiarly damp from its numerous canals; also in Norway, the North of Ireland, and West Coast of Britain, these regions being the rainiest in Europe. The following statistics, which I some time since published,* compiled from "Tables of the Total Depth of Rain," by J. Symons, M.B., show the average rain-fall for four years ending 1868, in three large cities:—

Glasgow	... ...	43·07 inches
Belfast	... ...	34·70 „
London	... ...	23·7 „

The frequency of favus will be observed from the annexed table:—

* *Medical Press and Circular,* July 28th, 1869.

Glasgow, 118 cases in 6,451 ; recorded by M'Call Anderson, Report of Dispensary, 1867.

Belfast, 14 cases in 3,000 ; recorded by H. S. Purdon, Report of Hospital, 1868.

London, 3 cases in 10,000 ; recorded by Erasmus Wilson, *Journal of Cutaneous Medicine*, vol. iii.

Favus, it will be evident, is much more common in wet and rainy cities than in those of a drier atmosphere. We also know that low forms of fungoid growths appear with rapidity on preserves, cheese, bread, &c., when placed in damp localities, the usual fungus being the *Penicillium glaucum*. Under somewhat similar circumstances, muscardine, due to the presence of the *Botrytes Bassiania*, frequently becomes developed in silkworms.

Hallier looks on the *penicillium* as the cause of all forms of dermatophytic diseases. On this point Dr. Tilbury Fox* states : " I would say that the parasitic fungi found upon the human surface are varieties which cluster around the *penicillium* or *torulæ* in their sporular state as a type." For the growth of fungi a copious supply of nitrogen must be present, with some hydro-carbonaceous nutriment, as mentioned by Küchenmeister. It has also been left on record by Dr. Golding Bird† that nitrogenized products are in certain conditions of the system exhaled from the skin, which probably favours the growth and liability to parasitic cutaneous disease, the most matured form of which is favus. I agree with recent writers that we have only one fungus, the differences observed in the appearance of each separate affection being due to the state of growth of the cryptogam, soil, and patient's constitution. This statement is, I think, proved, at least in a great measure, by the doctrine of polymorphism, which implies, according to Tilbury Fox, Tulasne, and De Barry, that a fungus may pass through different stages of development, giving rise in each to seemingly new growths; for instance, the fungus foot of India—Madura—is an example of a low form of vegetable growth, assuming various appearances; and fungi take on peculiar forms, according to the localities and circumstances in which they are placed, as proved by Dr. T. Fox in a recent paper in this journal,‡ who left a hair taken from a patch of tinea circinata in sugar and water, when, after a few days, it was observed that the spores became linked together after the manner of the achorion mycelium (favus), showing that when favus springs up in a patch of

* *Edinburgh Medical Journal*, April, 1866.

† On Urinary Deposits, p. 136.

‡ *Journal of Cutaneous Medicine*, No. VIII., p. 389.

tinea circinata, as I have observed in three instances, "an explanation is afforded by the fact that the fungus takes on a more active state of growth, and, sprouting, forms a favus-cup." The same writer thinks that the reason a parasitic eruption is generally circular is owing to the fungus invading the epithelial cells in a peculiar manner, in consequence of the centrifugal growth of the mycelium.

Mr. Purser* has recorded a case of tinea circinata occurring in a female who contracted the disease from a cat, the subject of favus on one of her paws.

The experiments of Bazin on favus, and Pasteur's "germ theory," although as yet not generally accepted, are nevertheless worthy of the greatest respect, and have certainly led to more extended observation; but no doubt a peculiar state of the system is necessary for their growth; otherwise this class of diseases would be much more common than at present; and we are all familiar with the fact that tinea versicolor flourishes, and is to be met with frequently on the bodies of consumptive patients.

Favus attacks both the hair-follicles, epidermis, and nails; the cup-shaped, peculiar-smelling eruption is produced by the cryptogam gaining access to the hair-follicles. The spores, after being first deposited at the mouth of the follicles, spread in a horizontal manner between the layers of the epidermis, causing more or less redness; and, as has been truly remarked,† a matured favus-cup presents on section the following appearances:—"The basis consists of granular cells, having the surface next the skin covered by a few layers of epidermic cells; from this granular layer fine fibres run vertically towards the surface or centre of the cup, mixed with fine granular matter, and terminating in mycelial tubes, branching and yielding spores in abundance." The surrounding epithelium running with the cup holds it in position. At the commencement of the disease the favi are but mere specks, but soon grow larger. In chronic cases, scaliness of the cuticle is present, the crusts being amorphous. When a cup is raised from its bed, a red, raw-looking surface is exhibited. There is also more or less thinning of the hair, which loses its shining look, becomes extremely dry, of a greyish colour, and very brittle. If permanent alopekia is left, the cuticle has a parchment feel.

I have said nothing on the treatment of this troublesome disease, which subject is fully treated in the various monographs on cutaneous disease.

* Braithwaite's Retrospect of Medicine, Dec., 1867.

† *Glasgow Medical Journal*, No. II., New Series.

NATURAL HISTORY OF EKZEMA. EKZEMA INFANTILE. By Erasmus Wilson, F.R.S.

IN our review of the work of Dr. Silas Durkee, entitled "Contributions to Dermatology," our attention was attracted by two paragraphs having reference to ekzema infantile. The paragraphs are as follows:—"It generally makes its first appearance in the young subject at about the fifth or sixth month, that is, the period of the first dentition; sometimes much earlier." "In a majority of cases of infantile ekzema the disease is traceable to hereditary predisposition." These statements accorded so little with our own experience of the disease in England that we were induced to have recourse to our case-book; the only one which we happened to have at hand was that of 1868, and we proceeded to examine the cases of ekzema which had fallen under our care during that year, with the view of selecting from them the cases of infantile ekzema, and putting the latter to the test of numerical investigation.

Our total number of new cases of ekzema in 1868 was 535, and of this number 34 were examples of ekzema infantile. These figures will yield a percentage to cases of all kinds of thirty-three per cent. for ekzema in general, and of a little over one and a half per cent. for ekzema infantile alone, while the relative proportions of ekzema infantile to ekzema in general will be about one in sixteen.

Turning now to the thirty-four cases of ekzema infantile, we find the proportion of *males* to *females* to be 22 of the former to 12 of the latter. This difference, that is to say, nearly twice as many males as females, we look upon as accidental, since we cannot conceive the existence of anything in the organization of the sexes at that early age which could predispose one sex to ekzematous disease more than the other. It will require further research to establish this point.

Our attention, in the next place, was devoted to the age of the patients at the time of the outbreak of the disease. This period we found to range between eighteen days and fifteen months. In the greatest number, namely 9 (including one of eleven weeks), the eruption occurred at the third month; the next greatest number, namely 7, was met with at the second month; the number 4 representing the sixth month. Or we may put it thus:—during the first three months,

inclusive, the number was 21; during the second three months, inclusive, the number was 7; during the next six months, inclusive, the number was 4, leaving out 2 occurring at the fifteenth month. Or, again:—during the first six months, inclusive, the figures were 28 and for the whole of the remainder only 6. This, we apprehend, must dispose of Dr. Durkee's first statement, certainly as far as England is concerned, and among the wealthier classes; it will remain therefore to be shown in what manner, if at all, the United States of America differ in this respect from England.

The *duration* of the eruption at the time of consultation varied from two weeks to four years and a half; thus, between two weeks and one month there were 3 cases; between one month and three months, 8; between three months and six months, 9; and between six months and four years and a half, 14. It is not to be presumed, however, that the patients were neglected during this interval, our register simply recording the period of existence of the disease at the time of application to ourselves. The instance of consultation at two weeks was an illustration of the fable of the "burnt child" (Case 25); the mother had had an infant who had suffered from this disease previously, and knew and dreaded its consequences. These periods also mark another fact, namely, the tendency which exists on the part of ekzema to become chronic if left without treatment, or if treated improperly, or left to the chance of the *vis medicatrix naturæ*. And the cases are suggestive of another phenomenon, bearing upon the migratory changes accomplished by time on the course of the disease. Thus, in Case 12, the early attack of the eruption at six months made its appearance on the face, whereas, at the time of consultation, the seat of the disease was the lower extremities.

The occupation of the head by the eruption in ekzema infantile is one of the most constant of its phenomena, and the cases before us illustrate that fact very conclusively; thus, of twenty-four cases of which the *seat* of the eruption is named, 21 occupied the head and 2 only the extremities, one of the latter being also associated with eruption on the neck. The part of the head most frequently attacked was the scalp, of which the examples were 13; affection of the face occurred in 12 cases. The scalp was alone affected in 6 cases, the face alone in 4; the combinations being as follows:—scalp and face, 4; scalp and trunk, 2; and scalp, face, and trunk, 1; face and scalp, 4 face and trunk, 4; and extremities and neck, 1. Moreover

the part of the trunk the most frequently invaded was the chest and shoulders. At a later period, and in subsequent attacks or recurrences of the disease, a tendency to migration is observed, as in Case 12, wherein the primary outbreak occupied the face, and the latest the lower extremities. So also in children of a more advanced age, and in adults who have suffered from ekzema infantile, it is very usual to find the disease limited to the joints (ekzema articulorum), to the lips (ekzema labiorum), or to some local and circumscribed site.

The *forms* of ekzema met with in the infant are generally four, namely: erythematous, ichorous, pustulous, and papulous; although a single form is very rarely found alone; and when we speak of an ekzema erythematosum or ekzema ichorosum we intend to signify only an eruption in which the erythema or the ichorous exudation is the predominant character, and the same with reference to ekzema pustulosum and ekzema papulosum. With this reservation, we find in the cases before us ekzema erythematosum appearing 14 times; ekzema ichorosum, 10; ekzema pustulosum, 7; and papulosum only thrice, although the latter is very commonly intermingled with ekzema erythematosum, and not unfrequently shows itself in association with the ekzema erythematosum which surrounds the other forms.

As a *complication* of ekzema infantile, furunculi are by no means uncommon, and a close association exists between furunculosis and ekzematosis. In the small number of thirty-four cases, four examples of boils must be admitted to be a very considerable proportion. In one instance the boils may be regarded as hereditary, the mother being subject to them, and suffering from an attack while suckling her child. In two of the remaining cases the mother is mentioned as being of delicate and weakly health. The other complications met with in our thirty-four cases are four in number, making the total of complications eight. In one of the cases there existed superficial abscesses; in another, in addition to the ekzema, pneumonia, cerebral irritability, and leukæmia; in a third there was diarrhœa; while in the fourth there was local inflammation with abscess excited by vaccination. With ekzema capillitii, enlarged sub-occipital and auricular glands are one of the most frequent phenomena. Occasionally the cervical glands are affected; and sometimes hypertrophy of the lymphatic glands is associated with subcutaneous abscess.

If we inquire into the *cause* of ekzema in the cases before us, we meet with five which are predominant in their influence; the first of these is *food*, insufficient or improper; the second,

temperature; the third, *diathesis;* the fourth, irritation set up in the organism by *dentition;* and the fifth, the irritation of *vaccination.* The numbers that we set down to four of these causes, taken separately, are:—food, 19; diathesis, 6; dentition, 5; and vaccination, 3. But as, from their nature, the causes are sometimes associated, we find food in conjunction with diathesis amounting to 6; and food in conjunction with vaccination, to 1; making a total of 26 in which food plays a primary part.

If we look at the ages of the patients in conjunction with the causes, we may assume that during the first six months of life the causes may very fairly be divided between food, temperature, diathesis, and vaccination; while dentition is very unlikely to come into operation until six months are completed. And if we look at the figures in illustration of this view, we shall have the number of patients, aged six months and under, amounting to 28; and above six months, to 6 only; that is to say, to one more than we assign expressly to dentition.

Then, as to the causes themselves, diathesis is solely a predisposing cause; food, again, is a predisposing cause, but, in a less degree, an exciting cause; so also is temperature; dentition is both predisposing and exciting; while vaccination is chiefly an exciting cause. Thus, we may range on the side of predisposing causes, diathesis, food, and temperature; and on the side of exciting causes, dentition and vaccination.

We will endeavour to illustrate these points by reference to the cases before us; for example, taking, in the first instance, food:—in Case 3, the mother's milk failed when the infant was a fortnight old, in consequence of a shock. Again, Case 14, the infant, seven weeks old, was taken during very cold weather a long railway journey, and there can be no doubt that the mother's milk suffered in consequence, for the eruption broke out a few days later. In Case 9, again, there was considerable disorder of the alimentary canal, at first constipation, and subsequently diarrhœa, for which the infant's food must be held responsible. In another case, of ekzema capitis, that came recently under our notice, the mother suckled her child regularly, but the infant fell away in health, and then it was discovered that the mother possessed a totally inefficient supply of milk. Then, in cases 6, 7, 5, and 21, the natural food having failed, the infant was brought up by hand, always a hazardous experiment, from the age of three weeks, two months, and three months respectively.

The influence of *temperature,* and especially cold, in the production of ekzema, is shown in the more frequent outbreak of the eruption in the colder months of the year than in the

warmer months. Thus, of the 34 cases under consideration, 11 appeared in December and 4 in January; and, taking the whole number, 20 occurred in the colder months of the year, and 14 in the warmer months. This point, like others, is suggestive of interesting considerations, but demands further research and investigation.

The mere presence of an attack of ekzema in an individual is not in itself sufficient to set up a diathesis in the offspring. Ekzema is almost as universal as dyspepsia, and, like dyspepsia, may be purely accidental; while both may be so far engrafted upon the constitution as to be susceptible of transmission by hereditary descent to the children. We recognize, therefore, diathesis and hereditary transmission, but simply look upon them as an occasional cause of the disease. Cases 2, 8, 25, and 28 are examples of hereditary diathesis, as is shown, not by the presence of ekzema in the mother, although that sometimes occurs, but by the previous manifestation of ekzema in others of the children of the same parent. In Case 8, four children out of nine had suffered from the same affection, and in the two other cases a previous child had also suffered. In this particular there is no exact regularity, and it is difficult to say why one or two children out of a family should be attacked, or why one or two or more children should be passed over. In Case 25, the child's wet-nurse lost her milk; another wet-nurse, a remarkably healthy woman, was procured, and a week afterwards the infant was attacked. The new milk was better than that which preceded it; it deranged the functions of digestion; the balance between the recipient and the thing received was disturbed, and the new and better milk virtually acted the part of an exciting cause of ekzema, showing how food may be an excitant as well as a predisponent.

It has always been our aim to prove that the essence of ekzema is debility. Debility may be propagated, and such debility may become a diathesis favouring the occurrence of ekzema. The association of furunculosis with ekzema, and axillary abscess with ekzema, is a well-established fact; and all these points are illustrated in the cases before us. Cases 8 and 24 are both of them examples of a delicate and weakly parent. Cases 19, 24, and 27 combine furunculi with ekzema; in Case 19 the mother was subject to frequent attacks of boils; one of these attacks occurred when her infant was four months old, and subsequently to this occurrence boils broke out upon the child's skin. In Case 26 the mother was suffering from abscesses in both axillæ at the time of the eruption of ekzema in her child.

Vaccination we have always regarded as an exciting cause, requiring for the production of the morbid phenomena which sometimes accompany and follow it, a morbidly susceptible state of the organism, that is to say, a diathesis; and the diathesis may be the consequence either of inherited or of acquired debility. Cases 1, 20, and 32 are examples of ekzema immediately following vaccination, and excited, as we believe, by the constitutional irritation set up by the vaccine fever. In Case 32 the influence of perverted food was superadded to the vaccination; for example, the arm became inflamed, abscesses formed, and at the fourth month the infant was weaned from the breast and brought up by hand. At the fifth month ekzema burst forth upon the face. Case 2 is an instance of diathetic and hereditary ekzema, aggravated by vaccination, and still further aggravated by alteration of food. The eruption appeared at the eleventh week, the child was vaccinated at the twelfth, and was weaned at the fourteenth week.

The term "milk-rash," or more correctly, "milk crust" or crusta lactea, bears witness to the relationship between food and ekzema; while the terms "red gum" and "tooth rash" point to dentition as a cause of the disease—a cause which, in our opinion, has been too exclusively recognized and adopted. Irritation from cutting the teeth ought not to come into existence until the sixth month is completed; and yet, as we have just seen, twenty-eight out of thirty-four cases of ekzema infantile occur within the limit of six months, and only six beyond it. And out of the entire number we find only five that we can legitimately ascribe to dentition; these five cases being Nos. 11, 13, 16, 30, 33. The age of outbreak of the eruption in these cases was seven months in one instance, eight months in two, nine months in one, and fifteen months in the remaining one. In Case 33 the child had four attacks of the eruption, each being associated with the cutting of teeth. And we remember a mother one day saying to us that her child always cut its teeth with a rash, just as we know in some instances the cutting of teeth is accompanied with a fit of convulsions.

Cold, besides being a constitutional cause, may also be local or traumatic. We have no illustration of its local effects in our present group of cases; but in Case 19 we see an example of a traumatic cause operating upon a pre-existing diathesis. The child's mother had never experienced ekzema, but she was subject to a congeneric affection, namely, furunculosis; the child inherited the furuncular diathesis; it was then vaccinated; next followed a catarrh; for the catarrh the mother rubbed some camphor liniment into the child's cheeks;

and upon the stimulus of the liniment, a traumatic irritant, the ekzema sprung into existence.

We will now turn our attention to the *treatment* of these thirty-four cases, simply premising that as food and temperature stand at the head of the efficient causes of the disease, they must receive our first consideration. And, this being done, we shall proceed to enumerate the constituents of the Pharmacopœia employed, in the order of frequency of use of the various remedies. These latter were as follows:—*Internally.* 1. Liquor arsenicalis with steel wine, in the formula known as our ferro-arsenical mixture; 2. mixture of magnesia, rhubarb, syrup of tolu, and dill-water; 3. calomel and sugar, one grain each; 4. cod-liver oil; 5. syrup of the phosphate of iron; while *externally,* we prescribed:—6. benzoated ointment of zinc, sometimes alone, and sometimes with spirits of wine, spirits of camphor, or carbolic acid; 7. powder of oxide of zinc, starch, and camphor; 8. red precipitate ointment, diluted; 9. white precipitate ointment, diluted; 10. citrine ointment, diluted; 11. tar lotion; 12. lotio plumbi; and 13. lotio boracis cum oleo.

In 30 out of the 34 cases the ferro-arsenical mixture was prescribed; for 22 cases in two-minim doses; 6 cases, one minim; and 2 cases, three minims; all three times a day, with meals. In 18 of the 22 cases it was ordered at the first visit, and consequently without any preparation of the patient; in three cases it was commenced at the second, and in one case at the third visit. In two cases only was it necessary to suspend the arsenic, and then merely because it interfered with the appetite of the patient. The mixture of magnesia, rhubarb, and dill-water was prescribed in 8 cases; 5 at the first visit; 2 at the second; 1 at the third. Cod-liver oil in emulsion with yolk of egg and dill-water, was ordered in 6 cases; 5 at the first, and 1 at the fourth visit. The syrup of the phosphate of iron was ordered once; and the calomel powder in 6 cases; once only at the first visit; twice at the second; twice at the third; and once at the sixth.

The benzoated oxide of zinc ointment was prescribed in all the cases but one; the powder of zinc with camphor, diluted with starch, eleven times; the diluted red precipitate ointment in cases of ekzema capillitii, six times; the diluted white precipitate ointment, four times; and the diluted citrine ointment, once, for ekzema palpebrarum. The lotio picis, lotio plumbi, and lotio boracis cum oleo, were ordered for the relief of pruritus, the first named, twice; the others, once.

With one exception (Case 18) all the cases recovered; but the duration of treatment is a matter difficult to determine

in consulting practice. The only numerical evidence that we can offer is, that 14 cases we saw only once; 11 cases, twice; 3 cases, three times; 3 cases, four times; and 1, six times. In some instances these visits were at the week's end; in others, two, three, or four weeks. If the case went on satisfactorily, the child was not brought back; and the treatment was continued by the parent, sometimes solely, sometimes under the observation of the family medical attendant. If any adverse change had occurred, there can be no doubt that the patient would have been brought again. In some instances the amendment and cure were remarkable for rapidity; now and then a single dressing with the zinc ointment would almost remove the eruption; under favourable circumstances a cure might be expected in three weeks; while at other times it was prolonged to as many months. All precautions taken, we should say of ekzema infantile that its cure is both certain and brief; and without any drawback.

Summary.—We may simplify our observations by putting the chief points into an aphoristic form, and appending to this summary, by way of conclusion, an abstract of the cases on which our statements are based.

1. The percentage of ekzema to other cutaneous diseases is 33 per cent.

The percentage of ekzema infantile to other cutaneous discases is 1½ per cent. The percentage of ekzema infantile to ekzema of the rest of life is as 1 to 16.

2. That ekzema infantile is more frequent in the male than in the female.

3. That the most frequent period of the eruption of ekzema infantile is that between the second and third month inclusive.

4. That ekzema infantile left to the chances of the *vis medicatrix naturæ* is apt to become chronic, and identified with the system.

5. That early treatment of ekzema infantile is of the utmost importance.

6. That ekzema infantile generally occurs in the head and face; and more frequently in the former than in the latter.

7. That the neck and upper part of the trunk is more frequently attacked than the lower part of the trunk and the limbs.

8. That in successive attacks and in chronic ekzema the flexures of the joints and the extremities are more apt to suffer than the face and head.

9. That the forms of ekzema infantile are four in number, and occur, in frequency, in the following order:—erythe-

matous, ichorous, pustulous, papulous; ekzema erythematosum being twice as frequent as ekzema pustulosum.

10. That ekzema papulosum, the most rare in its occurrence alone, is commonly associated with the other forms.

11. That furunculosis is a common complication of ekzematosis.

12. That enlarged occipital and auricular lymphatic glands are commonly associated with ekzema of the scalp.

13. That superficial cutaneous abscesses are not unfrequently associated with ekzema in cachectic children.

14. That the predominant causes of ekzema are five in number, and hold the following relation to each other in point of importance; namely, food, temperature, diathesis, dentition, vaccination.

15. The most common predisposing cause of ekzema infantile is deficient or improper food.

16. Cold is an occasional cause of ekzema infantile; sometimes predisposing, but more frequently exciting.

17. Ekzema infantile is most frequent in December and in the colder months of the year.

18. Hereditary diathesis is an occasional predisposing cause of ekzema infantile.

19. Dentition is a common exciting cause of ekzema infantile; sometimes a predisposing cause.

20. Vaccination is an occasional exciting cause of ekzema infantile; but is less influential than food, cold, diathesis, and dentition.

21. Local or traumatic causes may be excitors of ekzema, but are inoperative unless they be preceded by a predisposing cause.

22. Debility is the proximate cause of ekzema.

23. The treatment of ekzema infantile calls for the most careful observation to discover a diet congenial to the patient.

24. The combination of iron and arsenic, with attention to the secretions, if necessary, and the local use of the benzoated ointment of zinc, and a diluted zinc powder with starch, is an efficient method of cure, if not the very best that is known.

Abstract of Cases:—

1. Male child, æt. 13 months; ekzema frontis; began when five months old; followed vaccination; the eruption almost entirely confined to forehead.

2. Male child, æt. 5 months; ekzema began at $2\frac{3}{4}$ months; vaccinated at three months; eruption increased after vaccination; weaned at $3\frac{1}{2}$ months, in consequence of insufficiency of mother's milk. Two out of six children have suffered from ekzema; the parents have never had any eruptive complaint.

3. Male child, æt. 4 months; ekzema capitis; began on the 18th day.

The mother received a shock when the infant was two weeks old, and her milk failed.

4. Female child, æt. 7½ months ; ekzema began at the end of the second month.

5. A female child, æt. 15 months ; has ekzema pustulosum of the neck, arms, legs, and bends of the knees ; the eruption began when she was two months old ; since the age of three months she has been brought up by hand ; she has not been vaccinated.

6. A male child, æt. 6 months ; ekzema of the head and face ; began at three months ; brought up by hand from the age of three weeks.

7. Male child, æt. 4 months ; has ekzema of the cheeks, shoulders, and chest ; began at three months ; the child was brought up by hand from two months.

8. Male child, æt. 3 months ; had two or three boils during the first fortnight ; ekzema papulosum of face and chest at the sixth week. He is the ninth child ; four out of the nine had ekzema in infancy ; the mother is out of health.

9. Male child, æt. 17 months ; ekzema pustulosum, face and shoulders ; two months ; the eruption was preceded by constipation ; during the last fortnight the bowels have acted three times daily.

10. Male child, æt. 7 months ; ekzema commenced at the age of two months.

11. Female child, æt. 2½ years ; has had ekzema since the age of eight months, with occasional attacks of congestion of the lungs ; she is anæmic, and has a large head.

12. Male child, æt. 4 years ; has ekzema on the legs ; the eruption made its first appearance in the face at the age of six months.

13. A male child, æt. 18 months ; has ekzema pustulosum of the head, with patches on the back and upon one knee ; the eruption has been in existence three months.

14. Male child, æt. 6½ months ; ekzema capitis ; began at the age of two months ; the infant was taken to Sunderland in very cold weather, at the age of seven weeks, and the eruption first appeared a few days later.

15. Male child, æt. 15 months ; has ekzema capitis, which began at the sixth month, immediately after weaning.

16. Male child, æt. one year ; ekzema papulosum of the head, face, shoulders, and chest ; began at the eighth month.

17. Female child, æt. 5 months ; ekzema broke out at the age of three months.

18. Female child, æt. 7 months ; ekzema pustulosum capitis ; began third month. This infant died from mismanagement. We saw it only once in consultation.

19. Female child, æt. 6 months ; ekzema of the face and head ; broke out at the age of three months, shortly after vaccination. The exciting cause was the use of camphor liniment to the cheeks for a cold. The child has had two boils. Her mother is subject to boils in the axilla, but not to ekzema. She had an attack of boils when the child was four months old.

20. Male child, æt. 2 years ; ekzema broke out at the age of three months, after vaccination.

21. Male child, æt. 8 months ; ekzema made its appearance at the third month ; brought up by hand.

22. Female child, æt. 4½ years ; has suffered from ekzema since the age of one month.

23. Male child, aged 4½ years ; has ekzema of the head, chest, and neck. The eruption first broke out at the sixth week.

24. Female child, aged 6 months ; has ekzema of the scalp, face, and flexures of the joints of the limbs, together with furunculi. The eruption began at the age of two months, having followed a bilious attack at the sixth week. The mother is delicate. In the course of treatment it became necessary to open two abscesses.

25. Female child, æt. 2½ months ; has ekzema erythematosum on the inner side of both thighs ; began at the age of two months ; the child's wet-nurse lost her milk ; the eruption commenced a week after a new and healthy nurse had been procured. The first child of the same mother had ekzema when a few weeks old.

26. A female child, æt. 2 years ; has ekzema faciale, which began at the sixth month. The mother at the time had abscesses in both axillæ.

27. Male child, æt. 4 years ; has ekzema capitis since the age of six months. Several exacerbations have occurred from time to time ; at present there is roughness of the flexures of the joints ; he has also been subject to furunculi. His mother reports of him that he was a large child at birth and as yellow as an orange, and that he was covered with hair until the sixth week.

28. Male child, aged 5 months ; has outbreak of ekzema, which commenced a month previously. A former child also had ekzema.

29. Male child, æt. 8 months ; has ekzema ichorosum, which broke out at the age of two months, from which period the child has been brought up by hand ; the child always sickly.

30. Male child, æt. 3 years ; ekzema capitis et palpebrarum ; began at the seventh month.

31. Female child, aged 5 months ; ekzema of the face and trunk ; commenced at the second month.

32. Male child, æt. 1 year and 8 months ; ekzema faciei ; came on at the fifth month, excited by vaccination ; the arm was much inflamed, and abscesses followed. He was nursed up to the fourth month.

33. Male child, æt. 3 years ; ekzema aurium ; began as ekzema capitis at the ninth month, and was associated with teething. He has had three attacks of the eruption since the first, each one being apparently due to teething.

34. Female child, æt. 4 months ; ekzema pustulosum ; commenced at the end of the first month.

REPORT OF THE DEPARTMENT FOR DISEASES OF THE SKIN AT ST. MARY'S HOSPITAL. By W. B. Cheadle, M.D.

A DEPARTMENT for diseases of the skin was established at St. Mary's Hospital at the close of the year 1867, and its institution has been attended with highly satisfactory results. The experience of the past twelve months has shown that the system of grouping together associated or allied diseases, or those of some special organ, in separate departments, affords many advantages for observation and treatment, as well as for the purposes of clinical instruction. These advantages have been appreciated by the students, a number of whom have voluntarily attended the lectures and demonstrations which have been given. The satisfactory progress of the department is further illustrated by the steady increase in the number of the patients. The total number admitted during the year was 317, and of these 124 were entered between the 1st of January and 30th of June, and 193 between the 1st of July and the 31st of December; showing an increase of 69 in the last half-year. Of the total 317, accurate records have been kept of 278, and the subsequent details refer to the latter only. Of these 278 cases, 103 occurred in males, and 175 in females; a proportion of the latter in large excess of that shown by Mr. Erasmus Wilson's statistics, which in 1,000 cases gave 501 females to 499 males. Amongst the out-patients of hospitals, however, the women always largely predominate, principally perhaps on account of their being able to attend at the time when such patients are usually seen; the men, on the other hand, being unable to leave their work. As Mr. Wilson's statistics are taken from private practice, they are free from this source of error; but the conditions of life by which such patients are surrounded are so different to those of out-patients, that they will hardly be accepted with regard to this poorer class with respect to diseases which are so largely dependent upon external conditions as those of the skin.

The 278 cases recorded comprised 80 of eczema (including the impetiginous eczema, but not dry impetigo of the scalp in children), 26 of leichen, 25 scabies, 21 syphilides, 21 lepra (not including undoubted syphilitic forms), 18 acne, 15 im-

petigo, 12 prurigo and pruritus, 9 herpes, 6 herpes tondens and circinatus; psoriasis palmaris, and plantaris 6; erythema papulatum 4, urticaria 3, congenital ichthyosis 3, pemphigus 2, varicella 2, sycosis 2, alopekia 2, erythema circinatum 2, lupus 2, pityriasis versicolor 1, pityriasis simplex 1, erythema simplex 1, molluscum 1, dry gangrene of skin 1, indefinite or not classed 14.

Eczema.—The number of cases of eczema was 28·5 of the whole, a close approximation to the 30 per cent. assigned by Mr. Wilson, the slight discrepancy being easily accounted for by differences in the classification of the obscurer forms. The proportion of males to females in the 80 cases was 33 to 47, a result differing widely from those obtained by Hebra, and also by Wilson, which showed a proportion almost exactly the reverse. If we take only those cases in which the patients were under the age of puberty, we find that out of 37 under 14 years of age 19 were males and 18 females, or a majority of one only in favour of the former. In the remaining 43 cases, in which the patients were above 14 years, the males were only 14 to 29 females; the latter therefore being more than double the former. The equality between the sexes under the age of 14 is probably a correct representation of the natural proportion amongst children: boys and girls would both be under the care of the mother, and equally free to attend at hospital hours. But the large preponderance of females above the age of 14 does not appear to be adequately explained by the greater facilities for attendance which they possess, for it is greatly in excess of the proportion we find in the whole number of cases of skin diseases of all kinds taken together, and seems to show that after puberty females have a greater tendency to eczema than males.

With respect to the period of life at which eczema is most frequent, it appears from these records that 23 cases occurred in children under 7 years of age, 14 between the ages of 7 and 14, 9 between 14 and 20, 12 between 20 and 30, 9 between 30 and 40, 7 between 40 and 50, 2 between 50 and 60, 2 between 60 and 70, and 2 between 70 and 80.

Mr. Wilson found only 29 cases in children under 9 years of age out of 298, a proportion which cannot be accepted as correct, unless eczema of the scalp be excluded. With this important exception, the conclusions furnished by this investigation are in agreement on this point with those obtained by Wilson, Hebra, and Devergie, which show the disease to be most common between the ages of 20 and 30.

The number of adult males is too few to furnish any reliable information regarding the occupations which are most

productive of eczema; but those exposed to the action of direct irritants and to the weather, such as bricklayers and coachmen, appear most frequently in the list, and are especially liable to extensive as well as mere local eczema. Of the 29 women, 15, or more than one-half, were domestic servants. In one instance eczema followed scabies; in another an attack of varicella. In both rapid recovery took place without any specific treatment. The treatment which has been found most successful in the acute stage or form has been laxative, with or without quinine or iron, according to the general indications; and in the more chronic forms arsenic, or the bichloride of mercury where there has been reason to suspect syphilitic taint.

Eczema of the Face and Scalp in Children.—This got well satisfactorily in several instances, under simple salines and local applications of mild white or red precipitate ointment, or one of zinc and lead, or lotion of tannin and glycerine. But in some cases which lapsed into a chronic state, arsenic appeared to be necessary; and those cases in which this remedy was given recovered with the greatest rapidity. Seventeen cases were treated, and most of them were well in less than a month. In two cases only was complete recovery delayed beyond six weeks; of these one was progressing steadily, and the other, a miserable, wan, neglected child, exhibited no improvement whatever. The following case, in which the eruption was very extensive and severe, may be given as an instance of rapid recovery under arsenic. Elizabeth K., a child of 4 years old, came under the care of Dr. Handfield Jones, Dec. 10th, 1868. She had been suffering from eczema for two months. Between the thighs and on them, on the lower abdomen and pudendum, there was a large inflamed patch of limited eczema. The head was covered with a copious eruption of dry impetiginous pustules, and on the trunk were scattered leichen papules, coalescing here and there into large patches much resembling psoriasis, covered with whitish glistening scales. The mother had four other children, one younger than the patient, all free from eruption. Two mimims of liq. arsenicalis were given three times a day, and citrine ointment and acetate of lead lotion applied externally. In a week a very decided improvement had taken place; the skin at the flexure in the groin was already well, and the eruption declining everywhere. At the end of a month the child was completely well. That the arsenic acted in this instance as an antiphlogistic remedy, abolishing hyperæmia and actual inflammation, can hardly be doubted. The local remedies were probably useful; but few will suppose that they would have

cured alone. If the arsenic were the chief agent, the question is, how did it act? There seem to be only two ways—one by an influence we must call specific (since we know nothing about it) on the tissue of the skin itself; the other by a toning influence on the vasomotor nerves, which we may rationally ascribe to the drug on account of its well-known action in neuralgia and malarious fever. The practical precept which this latter view carries with it is that arsenic must not be given in conditions where we have reason to think that some amount of stimulation will not be borne. If the tissue be passive, the vasomotor nerves may be beneficially stimulated; if the tissue is irritable, it will probably be intolerant of any stimulus. Hence we must distinguish, as our predecessors have done, two forms or kinds of inflammation, one termed *asthenic*, because it is benefitted by corroborant and toning measures; the other, by opposition, *sthenic*, because it is benefitted by so-called lowering remedies. Of course, no one imagines that there is really *excess of strength* in sthenic inflammation. The term is used merely as distinctive.

Eczema nummulare.—Three cases of this curious form of eczema, first described and named by Devergie, came under notice. Two of them occurred in children, one 8 and the other 9 years old. The patches of eruption were numerous, and situated on the trunk and the outside of the legs and thighs. The flexures of the joints and behind the ears were perfectly free. The circular or oval shape of the patches, from the size of a shilling to a crown-piece, with distinct margin, from which this form derives its name, were very well marked. The scales covered the patches very uniformly, and were fine and delicate. There had been no perceptible moisture at any time. The irritation was considerable. These patients attended only twice, and the progress of the eruption, which is essentially chronic, could not be observed. The third case, in a girl of 17, came under Dr. Cheadle's care on May 5th, 1868. The eruption was in this instance confined to a single patch, of oval shape, some $2\frac{1}{2}$ by $1\frac{1}{2}$ inch, situated on the left side of the neck, and with the long axis antero-posteriorly, in about the line the bonnet-strings would come. It was little, if at all raised, of a pale pinkish colour, only slightly redder than the rest of the skin, and bounded by a perfectly defined border, the healthy skin commencing abruptly at its edge. The scales, with which it was covered with great uniformity, were small and fine, and had a soft, waxy look, quite unlike those of psoriasis. There had never been any oozing from the surface; nor was there any appearance of scab or crust. The flexures of the joints were unaffected, nor

was there any eruption on any other portion of the body. This one patch had existed with little change for seven months. Three minims of liq. arsenicalis were ordered three times a day, and an ointment of red precipitate with creosote. Little improvement was perceptible at the end of a month, the patient's attendance being irregular, and the treatment interrupted. This being remedied, the affected portion of skin steadily but very slowly began to assume its natural character, the original medicines being continued until the 27th of August, at which time attendance ceased. The colour of the patch had then faded, so as to be barely distinguishable from the surrounding skin, and only visible, indeed, in a suitable light. There was still some roughness and slight thickening, and the remarkably distinct outline could be made out on close examination.

Eczema with Hypertrophy of the Skin: Bright's Disease.—John L., aged 40, a bricklayer, became an in-patient under the care of Dr. Handfield Jones, on February 12th, 1868. He stated that he had been in good health until seven months ago, except that about a year and a half previously he had been laid up for several months with rheumatic gout. Six months since his legs began to swell, and his urine became scanty; since then he had had anasarca to a great extent. He was a stout man with fair complexion; his face rather puffy, and tongue whitish. Both legs were much swollen, and discharged a clear fluid; the skin of the legs and feet, except the soles and the immediate vicinity of the knee, was highly reddened, and in a complete condition of acute or subacute eczema. Moreover, at various parts of the legs the skin presented numerous soft elevations, mostly close together, and having the appearance of hypertrophy of the cutis and subcutaneous tissue; in fact, giving the idea of elephantiasis in a minor degree. His feet and legs appeared very sensitive to cold, and he shivered all over when they were uncovered; the legs were not greatly distended. The heart-sounds were normal, but the breathing coarse in front on both sides. The urine was pale, acid, s.g. 1015, loaded with albumen, depositing scanty sediment, in which were numerous homogeneous narrow and wide casts, some of them of notable length. He was ordered 10 grains of nitrate of potash in 6 drachms of infusion of digitalis three times a day, and an ointment of zinc, lead, and bismuth, to be applied to the legs. Under this treatment the man improved for ten days, and the eczema declined. The hypertrophic elevations of the cutis were very numerous and close at the posterior and inner portion of the lower part of the legs; they could not be separated without making blood flow. Quinine and iron were now given with sulphate of

magnesia, and chromic acid applied to a portion of the morbid skin. This appeared to produce no effect, but the elevations generally lessened individually in size and in the area they covered, the eczema having quite disappeared. From this condition there was little change beyond a threatened return of the eczematous inflammation, until the patient left the hospital.

Eczema with great Œdema.—Henry S., a stout man of 36, a mason, came under the care of Dr. H. Jones on January 30th, 1868. The right arm was covered almost to the shoulder with a copious eruption of vesicles and vesico-pustules, and a portion of the upper arm was covered with yellow crust. The arm was much swollen, especially below the elbow, pitting deeply on pressure. The left arm was similarly affected, but in a less degree. On the left thigh, just below the buttock, was a large patch of eruption, with œdema, like those on the arms. The oozing was then slight, but was stated to have been profuse, at first watery and then purulent. The irritation was very severe. There was no fever. The eruption appeared two months ago, beginning as a crop of pimples. The urine was free from albumen. The man confessed to drinking five or six pints of beer a day. The wife was also suffering from an eruption of an eczematous character. The treatment prescribed was a mixture of quinine with sulphate of magnesia, and an ointment of zinc, lead, and bismuth. This was continued for three weeks, at the end of which time marked improvement was visible; the œdema had greatly diminished, and the eruption faded. The itching still continued to be considerable, and he stated that his legs swelled at times. Four minims of liq. arsenicalis were now given, and followed by increased improvement for several weeks, when a relapse took place, probably from excessive drinking—he could not sleep unless tipsy, he said,—and the irritation of the skin was greater than ever; magnesia and colchicum were ordered, which gave relief, and the patient ceased to attend.

The existence of such great œdema in the parts affected with the eczema suggested the idea that this was a case of eczema supervening in chronic Bright's disease. But no albumen could be found in the urine, or other evidence of the existence of kidney disease, beyond his own statement that his legs swelled occasionally. When seen, the œdema was limited to the region of eruption—not the thickening and infiltration often seen in acute eczema, but more like the condition in erysipelas, differing, however, from this in the absence of intense redness or tendency to spread, and in its persistence and tardy evolution. The effusion was undoubtedly

subcutaneous, and affords an evidence that the eczematous process may affect not only the skin but also the subjacent areolar tissue.

Impetigo.—The majority of cases classed under this head consisted of dry impetigo of the occiput, and of the form described as impetigo contagiosa by Dr. Tilbury Fox, occurring in children. They speedily got well with proper attention to cleanliness, and the application of zinc or mild mercurial ointment. Steel wine was given in addition where the skin disease was accompanied by anæmia or debility, and arsenic in one or two instances where the eruption appeared to assume a chronic and more eczematous form. The following case of impetigo in an adult exhibited some unusual features:—

Impetigo, accompanied by large bullæ.—Jane R., a domestic servant, aged 26, came under Dr. Cheadle's care on November 19th, 1868. She stated that five weeks previously she first observed a red oozing patch about the size of a shilling on the outer side of the left arm, "as if the skin had been grazed" there. The exuding fluid, which had been clear at first, soon became "like matter," and a thick yellow crust formed over the place. This original patch continued to spread by irregular circumferential enlargement, crops of vesicles or small pustules forming round and coalescing with the original eruption. She felt languid and weak, but not otherwise ill. In the course of a fortnight a red blush of semicircular form made its appearance on the left cheek, under the orbit; vesicles or pustules were developed; and the exudation formed into yellow crusts, as in the first case. There was considerable burning and itching of the parts. A week before, six bullæ, varying in size from that of a shilling to a half-crown, appeared on the outer aspect of the left arm, just above and below the elbow-joint, close to the site of the original eruption. These rose full of clear fluid in about a day, then burst, and continued to ooze. At the same time a papulo-pustular eruption appeared on the back of the right hand and arm, and the front of each thigh. When seen, the earlier eruptions were covered with blackened crusts from the application of iodine. The six bullæ were of perfectly circular shape, partially crusted over with yellow scabs, and having a sharply-defined red margin. On the face and right arm were groups of small, bright, yellow pustules, from a pin's head to a millet-seed in size, closely aggregated together—a typical form of impetigo. The patient had been treated by mercury to the extent of tender gums and fetid breath, and was in a feeble, depressed state. Strychnia and iron were ordered with

sulphate of magnesia; and an ointment of red oxide of mercury, four grains to the ounce, applied locally. In a week the greater part of the eruption was dry, and had healed; but a small group of fresh pustules appeared on the right cheek. One or two very small crops of pustules appeared afterwards on the arms, but quickly disappeared without any change of treatment; no new bullæ formed, and in a month's time nothing was left but the red stains, showing the former seat of disease. The site of each bulla was marked out by a narrow bright red ring, enclosing a circular portion of darker red new epidermis. The circumference of the circle was a clear line, as if drawn by a pair of compasses, or as if a circular piece of epidermis had been delicately shaved off by a centre-bit, except that the circles were not depressed, or but slightly so at their edges.

The occurrence of bullæ in the course of impetigo is rare, although it is not uncommon in other pustular diseases, as variola and varicella. In this case the supervention of bullæ corresponded very closely with the occurrence of mercurialization; and it may have been that the deterioration of blood resulting from this, concurring with the tendency to exudation which existed in the parts affected with impetigo—and the bullæ appeared only in the immediate vicinity of the other eruption,—favoured the pouring out of fluid in excess at certain weak points. From the corresponding deterioration of tissue, which we know is an effect of mercurialization, as shown in the condition of the gums, &c., the epidermis would be more easily detached, and would be lifted up in a circular form by pressure of fluid poured out from any one point, such point becoming the centre of the circle.

Herpes.—Amongst the nine instances of herpes, six were examples of herpes zoster, the eruption following the course of one of the intercostals in each case, and three simple herpes of the face. In two instances there was severe pain in the right side of the abdomen, removed from the seat of eruption, which in one case was in the face. In none was it found that arsenic had been taken, and, indeed, the simple fact that out of the 317 cases attending the department, many of whom took arsenic for a considerable period, herpes did not supervene in a single instance, is in itself a strong argument against Mr. Hutchinson's theory of the relation between the two. Not a single case occurred in the months of January, March, May, or June. One occurred in February and one in April, July, August, September, October, November, each one, and December two. So that out of nine cases, seven occurred in the latter half of the year, and but two in the

first; a result which does not support Hebra's statement that herpes is most common in April, May, October, and November.

Pemphigus.—Two cases of uncomplicated pemphigus were noted. Two others in which large bullæ appeared, in one case associated with impetigo, and in another with varicella, are given under these heads respectively.

One of the two cases of simple pemphigus occurred in a child of two and a half years, which was suffering from whooping-cough, aphthæ, and diarrhœa; one small crop of bullæ only came out, and the child got well under treatment, mainly directed against the other disorders.

The second case exhibited the disease in one of its rarer forms.

Mary W., a healthy-looking woman, aged 30, a servant and unmarried, came to the Hospital on the 2nd December. About a fortnight before, what she took for a chilblain appeared on the left hand, followed by a succession of others, which came out at intervals of a few days on the back of the fingers and hands. Some of these she described as vesicular in the centre, and they had increased circumferentially. Severe itching and burning came on when she approached the fire, or the hands became warm from any cause. The catamenia had been absent for a year, and she had been subject to bilious attacks. There was no history or appearance of syphilis. She had never any eruption before. When she was first seen, the eruption consisted of a number of circular or ovoid patches on the back of the hands and fingers, the greater number on the left. There was one at the root of the nail of each finger of the left hand, one only on the right. Their size varied from that of half a crown to a threepenny-piece. The margin was very clearly defined, and raised so as to form a ring some one-sixteenth of an inch wide, and of a pale pink colour, enclosing in some cases a depressed area of thickened reddish skin, free from scales. In others the same elevated margin enclosed an area of paler epidermis, in the centre of which was a large vesicle which contained clear fluid; in others this had burst and left a dry red, freshly-healed surface, partly covered with loose cuticle. There was no crust or scab. One of the places, which she stated came out two days before, was about the size of a fourpenny-piece, had the same elevated marginal ring, and in the middle of the reddened area a vesicle, the size of a large hempseed, which contained serum. The eruption at the root of the nails presented the same elevated margin, but the ring was not complete, ceasing where it came up to the nail, which was healthy, so that the patches in these situations

represented only segments of circles or ovals, a portion being as it were cut off by the line where the nail emerges from the skin-fold. On the side of the nose and upper lip there was a distinct patch of herpes, and a brown stain the size of the palm on the forehead—none elsewhere. The woman seemed in good general health; her tongue was clean, and the pulse quiet and of natural strength. The back of the affected hand felt hot and pungent to the touch. The only treatment adopted was a lotion of nitric acid to relieve the itching, and an ounce of compound infusion of gentian, three times a day. In a week's time the original eruption had subsided, and left only indistinct purplish stains. One new bulla, the size of a large pea, filled with clear fluid, had appeared on the left wrist. During the following week two bullæ, the size of a pea, came out at the circumference of the red circle which marked the site of a former one on the little finger of the left hand; these were of a pale red, filled with transparent fluid, with raised edge, and ceasing abruptly where they came up to the circumference of the healed patch, so that, like those at the root of the nails, they formed only segments of circles. There were four others on the back of the little and fore fingers. The one observed last there had dried up. After this no fresh bullæ appeared, and the hand became quite well without further treatment.

The speedy cessation of the eruption in this case without any but the simplest treatment, shows that it was some ephemeral form, running naturally a rapid course towards recovery. The fact that when the bullæ were developed round the margin of the site of a former one, the vesicular elevation and raised margin ceased abruptly is curious. The portion of skin previously affected entirely escaped the second exudation. The annular margin, raised by more solid exudation merging towards the centre of the affected portion into fluid so as to form a large vesicle, the limitation of the eruption to the back of the hands and wrists, the absence of oozing or incrustation, and its short course, are points in which this case differed from one of ordinary pemphigus.

Varicella.—Two cases were met with, but the only feature of interest was that in one a large bulla, the size of an egg, appeared on the shoulders. This burst and healed in the course of a few days.

Leichen.—Amongst the twenty-six cases recorded were five of acute leichen, accompanied by great tingling and itching, which occurred during the extremely hot weather of July and August. These soon got well under laxative salines with iron, and a lotion of nitric acid and glycerine; except in one

instance, where the disease lapsed into a chronic condition of less severity. The original eruption disappeared, but sparse crops of small bright red papules continued to come out from time to time during the four months in which the patient attended the department.

In the leichen urticatus of children, a great variety of internal and external remedies have been tried. The only drug which has seemed to exercise any beneficial effect in this most obstinate affection is the perchloride of mercury. Improvement followed its use in nearly every instance, as shown by the decline of the papules, the rarer appearance of wheals, and alleviation of the troublesome itching. With regard to external applications, it may be said that almost every lotion and ointment allayed irritation at the time. But the relief was transitory, except in one or two cases where the stavesacre ointment seemed to produce a more lasting effect. It had been observed in several cases of what appeared to be genuine prurigo senilis, with the usual papular eruption, and no evidence of the presence of pediculi, that this application gave remarkable relief, and it seemed possible that the stavesacre might have some property by which it neutralized the cause of irritation other than its action as a parasiticide, or exercised some direct sedative effect upon the cutaneous nerves. It was applied accordingly in a well-marked and severe case of leichen urticatus, a teaspoonful only of aqua camphoræ being given internally. The irritation subsided at once, so that the child slept well for the first time for many weeks; the papular rash declined, and wheals seldom appeared. At the end of five weeks the child was so well that it ceased to attend. The eruption and itching returned, and the patient was brought back; was treated in the same way a second time, with the same benefit as on the first occasion. In the chronic form of leichen in adults, the perchloride of mercury has proved decidedly the most successful remedy. The use of arsenic has not generally been followed by favourable results. In one case, however, of very chronic character, in which the papules were large and discrete, and the itching excessive, the perchloride of mercury and many other remedies having been tried without any success, arsenic was given, when the eruption steadily declined, disappearing entirely in the course of two months. The external application of red precipitate ointment used before this change, was, however, continued.

Acne.—The number of cases of acne amounted to eighteen, but this only includes those in which acne was the principal affection, there being a number of others in which it co-existed

with other more serious disorders. Twelve were examples of the various degrees of common acne, and five of acne rosacea.

Amongst the former were nine cases of simple or punctate acne, and three of greater severity, accompanied by subcutaneous collections of serum and pus, the so-called acne indurata. All the cases of acne simplex or punctata occurred in young persons between the ages of 14 and 21. Two only had reached the latter age, and of these one had suffered from it three or four years, and the other "as long as he could remember." Of the rest, one was 14, one 15, four 16, and one 18. The connection between this form of acne and the advent of puberty seems clear. Probably the nervous excitement which accompanies the sexual changes which then take place induces increased secretion of the sebaceous glands, just as increased secretion of the odoriferous glands is caused by sexual excitement in certain animals during the breeding season. The excessive secretion cannot easily escape at the rate of production, and the ducts become distended and plugged up by the accumulating material.

If the exciting cause be powerful or continue in action for a length of time, the stimulated and distended glands become inflamed, suppuration takes place, the tissue separating adjacent follicles becomes destroyed, and by the coalescence of these cavities, distended with pus and sebum, or the enlargement of one, the tuberculous swellings and subcutaneous abscesses which distinguish acne indurata are formed. Thus this may be a development of the simpler form.* The three instances met with were in persons of 27, 33, and 37 years of age respectively. In the first it had existed many years; in the two last it was stated to have come out in the course of a few months.

The cases of simple acne were treated with sulphate of magnesia and iron internally, with the addition of quinine or strychnia on occasion; simple diet and total abstinence from all alcoholic drinks being insisted on. The external applications found most beneficial were weak ointments of sulphur and mercury, and a weak lotion of liq. potassæ and sulphur, or

* It is worth considering whether acne may not essentially depend on a degradation of the epithelium lining the sebaceous follicles. The cells in these cavities should secrete a soft oily product, easily escaping from the orifice on the cutaneous surface; but if they produce instead a harder material, or fail altogether to undergo their normal secretory changes, and remain as granular cells, the cavities get choked and distended, and inflammation may easily ensue. The pathological event in renal degeneration, in the large form, seems to me much the same.

perchloride of mercury and sulphur. Similar treatment was pursued in the severe cases, the tubercular swellings being lightly touched with acid nitrate of mercury; and in one instance large indolent subcutaneous collections of sebaceous matter and pus were evacuated by incision. The results were in all cases satisfactory.

Of the five cases of acne rosacea three occurred in women of the ages of 34, 35, and 39 respectively, and two in men of 22 and 25. The continued administration of sulphate of iron and magnesia for a considerable period, so as to act slightly on the bowels, and the external application of mild sulphur or red precipitate or camphor ointment, or a lotion containing a small quantity of perchloride of mercury, with abstinence from alcohol and avoidance of exposure to heat or cold winds, proved most successful.

The following is an example of a severe case in which complete recovery took place:—

M. R., a woman, aged 39, a cook, became an out-patient in January, 1868. Her whole face was covered with a persistent dark red blush, with here and there prominent inflamed follicles of a brighter tint, and a few sebaceous ducts plugged with secretion. She complained of much heat and burning in the face, which was aggravated by exposure to the warmth of a fire. The eruption had commenced two years previously, since which time it had grown steadily worse, and increased to such a degree that she had at length been compelled to leave her situation on account of the exception taken to her appearance. She stated that her general health was good, that she was very temperate, but much exposed to heat in her occupation as cook. The catamenia were regular, but the bowels usually much confined. She was ordered a mixture of colchicum and magnesia, which was shortly changed to one of steel and magnesia, sufficient being given to insure free action of the bowels daily. Externally an ointment of camphor and glycerine was applied, and abstinence from beer, avoidance of exposure to fire-heat or cold winds, or the application of soap to the face, insisted upon. This treatment was continued for ten weeks without intermission, and her face improved rapidly, so that at the end of that time it was only slightly rosy, and one or two bright red pimples remained at the side of the nose. She then ceased to attend, having been again able to enter a situation, which the suspicion of drunkenness, suggested by her appearance, had before prevented her from obtaining. She presented herself for inspection at the hospital several weeks later, when her face had almost completely regained its natural complexion.

Molluscum.—One instance only of this affection was met with. The subject was a child, aged 18 months. The pearly excrescences were from the size of a millet-seed to that of a pea, and confined to the face and ears. Some of them had broken off, leaving a red stain. The child did not again attend the hospital.

Prurigo and Pruritus.—In nine out of the twelve cases classed under this head there was a distinct eruption of the large flat papules of prurigo senilis. In the remaining three the only symptom was intense itching. Of the former the youngest person affected was 47 years of age, and only three out of the nine were under 60. Of the latter, one was 35 years of age, and in this instance the affection was proved to depend upon pediculi. The two others were 58 and 68 respectively.

In some cases of the former class, the stavesacre ointment was applied, and in four of them with extraordinary benefit, complete recovery taking place very rapidly in three instances; more slowly in the fourth. Of the rest, little good was obtained in two, and in the remaining case the patient attended only once.

In one case great improvement followed the administration of perchloride of mercury in small doses, without any external application; and in another nitro-muriatic acid. In the cases in which the stavesacre ointment was used, iron and magnesia, and in some instances small doses of the perchloride of mercury, were also given. Strict cleanliness and bathing were enjoined in all. But the improvement was immediate, and was referred by the patients to the ointment; and in two instances various other remedies had been previously tried in vain. In the three cases of pruritus without eruption, the stavesacre gave immediate relief in two: in one of these pediculi were found. In the third, where the itching appeared to depend upon dyspepsia and general debility, alkalies were given with hydrocyanic acid, with a satisfactory result.

The facts here recorded support the view that prurigo is generally dependent on the presence of pediculi, although the parasite could not always be discovered. The papular eruption is found in cases where pediculi are present, and if the pediculi are destroyed by stavesacre or any other parasiticide, the eruption and the irritation cease together. Pruritus without eruption occurs in the same way, and is cured by the destruction of the parasite. The disease is principally met with in old people of the poorest class, who grow more careless and dirty in their habits as they grow older; and it is probable that among them external irritation in some form, either dirt, pediculi, or scabies, is the exciting cause of the

cutaneous irritation. There cannot be any question at least that in many instances, if not in all, the papular eruption is a secondary phenomenon, the consequence, not the cause, of the cutaneous irritation. Pruritus is no doubt sometimes a neurosis, the result of reflected irritation, and the scratching of the skin to which it gives rise may excite the papular eruption. The pruritus of pregnancy, and that which often accompanies an attack of indigestion, prove that local irritation is not the sole, although, as met with amongst the poor, perhaps the most frequent cause of prurigo.

Erythema simplex.—A solitary instance of this affection was met with in a light-complexioned, delicate-skinned girl of 19. The face, chest, and arms were almost constantly suffused with a red blush, which was accompanied with some itching. She suffered much from headache, and the bowels were confined, but the catamenia regular. After a time, slight desquamation took place in patches, and occasionally crops of very small papules, mostly of a whitish colour, accompanied by a rosy blush, appeared on the back of the hands and on the arms, and a few were scattered over the face. There was great itching at these times, but the papular eruption generally disappeared in the course of a few days, to recur after an interval of varied duration.

Alkalies, laxatives, tonics, strychnia, iodide of potassium, arsenic, perchloride of mercury internally, and all kinds of external application, entirely failed to give any permanent relief, and sulphur increased the irritation. The patient ceased to attend at the end of four months, having derived no benefit from the treatment beyond temporary alleviation of the itching by anodyne lotions.

Erythema papulatum.—Four examples of this somewhat uncommon form of erythema were observed: all occurred in females, the youngest of whom was 15, the eldest 34. One case was seen once only; in the others, the disease ran its course in from a fortnight to six weeks. The treatment consisted of simple remedies adapted to general conditions. The seat of the eruption was, in each case, the back of the hands and wrists and the back of the neck; in the latter situation the papules were grouped in a circular form, and in one instance the eruption was limited to the neck, the hands and wrists being free. In one case there was slight feverishness; in the rest, no appreciable constitutional disturbance. In one only was any local heat or irritation complained of. The following case, in which the disease was more extensive, more acute, and ran a more rapid course than in the rest, furnishes a good illustration of its peculiar features.

S. P., aged 34, a servant, came to the Hospital on

November 19th, 1868, with an eruption on the back of both hands and wrists, and on the right side of the back of the neck, which she stated had been coming out for a week. It consisted of raised patches, formed by an aggregation of large, flattish papules of a bluish-red or purple colour, in size and appearance like the lobules of a large ripe raspberry, closely packed, yet distinct, and the patch rising at the margin abruptly from the surrounding skin. Those on the hands and wrists almost covered them on the posterior aspect, and extended from the roots of the fingers to a little distance up the forearm. On the back of the neck the peculiar papules were grouped in a circular form about the size of a shilling. There was no discharge, and the papules yielded no fluid when punctured, although, from their somewhat gelatinous aspect, they gave the impression of containing it. As the woman complained of some acid dyspepsia, she was ordered bicarbonate of soda with hydrocyanic acid, and zinc ointment to be applied to the eruption. When she came again at the end of a week, the papules had completely disappeared, and purple stains, covered with slight desquamation, alone were left.

Erythema circinatum.—The two cases of this affection presented some points of interest.

D. A., aged 26, a tailor, came to the Hospital on August 4th, 1868. He stated that ever since an attack of rheumatic fever, fifteen months previously, scarlet patches from the size of a pin's head to a split pea had continued to appear on the palms of both hands; these were developed into blisters containing whitish fluid, like "chalk-and-water," which burst or dried up. Similar erythematous patches, as large as a shilling or half-a-crown, came out on the chest and body from time to time, but faded away in a day or two without further change. When seen, the palms were covered with small patches of dry epidermis, which appeared to have been blisters. These were very numerous on the palms, and there were a few on the back of the hand. On the chest there were a few pale red patches, the size of a fourpenny-piece, not raised, irregular, and each patch edged round with a whitish border distinct from the neighbouring skin. The feet were affected in the same way as the hands. He suffered from profuse perspirations constantly, and the parts itched considerably. He had been treated with sulphur ointment for scabies without obtaining any relief. Three-minim doses of liq. arsenicalis were given, and creosote ointment applied externally. He continued in much the same condition for some time, but appeared one day with the eruption in full bloom. On the chest, belly, and back, from the neck to the coccyx, was a thick crop of red,

irregular patches, many of them several inches in area, and of all sizes, from this to a small shot. They were slightly raised, some of them, which showed a few papules along the margin, more so than the rest, and with a tendency to assume the annular shape, the redness being brightest round the circumference. In many, the skin in the centre was of a natural colour; in some, of a yellowish hue; and round the margin, as it were, a halo of fawn-colour. A few red patches and blisters were to be seen on the palms. The itching was extreme. The treatment was not changed, and the eruption faded away in a few days. It was followed by successive crops of less extent, and in the course of a few weeks these entirely ceased to appear, the hands also getting quite well. In November he again came to the hospital with a recurrence of the same complaint. He was sweating profusely, although the weather was cold, and stated that the perspiration from his hands, which were bathed in moisture when he was seen, interfered materially with his work with the needle. The erythematous eruption was of the same character as before, but less severe. Similar treatment to that before used was ordered, and the man ceased to attend.

Second Case.—G. S., a stout young fellow of 20, a labourer on the Metropolitan Railway, had suffered for two months from an eruption of small papules on the back and on the arms. The palms of the hands were covered with small portions of whitened cuticle, detached from the lower strata; in fact, empty blisters. In parts this dry epidermis had pealed off, leaving a cracked, dry surface, resembling that of psoriasis, or healed eczema of the fingers. The changes in the palms were described as commencing in the same way as in the preceding case, as red blisters containing chalky fluid. This patient got rapidly well on arsenic, and the application of creosote ointment to the palms.

The case has been classed with the preceding, since the condition of the hands was exactly similar, and the eruption on the body, although less strictly erythematous in its character, had some points of resemblance to the other. No inquiry was made as to profuse sweating in this instance, but the eruption came out during the extremely hot weather of last summer; and the heavy work in which he was engaged at the time would necessarily excite free perspiration. The most probable explanation seems to be that in both cases the condition of the palms was produced by the excessive production of perspiratory fluid, which could not freely escape through the gland-ducts from some cause, and therefore made its way under the thick upper layer of cuticle, which is readily detached

from the softer stratum below; or the fluid was poured out directly from the excited capillaries, and accumulated in a similar way beneath the epidermis. The eruption in the trunk, in the second case, bore a strong resemblance to sudamina in a late stage. But the first was a well-marked erythema, and its association with hyperidrosis probably more than a mere coincidence.

Urticaria.—The three cases of urticaria were of the chronic form, and all occurred in healthy men of from 24 to 46 years of age. In none was there any gastric disorder, and no clue was discovered to the exciting cause. Two of the patients attended only once; the third got well under alkaline tonics.

Pityriasis simplex.—The cases distinguished as examples of this disease showed some variety. In one form, which had its seat in the face and ears, met with in children and delicate-skinned persons, there was some redness and dryness of the skin, with furfuraceous desquamation—a chapped condition, often the result of cold winds. In a second form the eruption consisted of irregular patches of a light-brown colour, covered with fine branny scales, and situated on the chest, shoulders, arms, and, less often, on the face. The colour was of a lighter shade, and had less of the olive tint than the parasitic pityriasis versicolor, and its margin was less distinct. The scurf was carefully examined under the microscope, but no mycelium or spores could be discovered. The epidermic scales became perfectly transparent and bright, with acetic acid or liq. potassæ. A strong solution of sulphurous acid had no effect in removing the discoloured cuticle; but great benefit resulted from the use of creosote ointment, with which arsenic was given internally.

Congenital Pityriasis, or Squamous Ichthyosis.—None of the three examples of this disease exhibited the extreme form, although the whole epidermis was involved in each, and the condition unmistakable. Two of the patients were girls of 14 and 16 respectively, and the third a boy, the brother of one of the preceding. The affection appeared in early infancy, and was developed to very much the same degree in each. The whole body, with the exception of the palms of the hands and soles of the feet, was dry and harsh, and covered with fine scales. About the hips, knees, and tendon of Achilles, the plates of cuticle were much thicker, and the surface rougher. There was complete absence of perspiration, except in the palms of the hands and soles of the feet. The skin was easily chapped in cold weather, and that of the feet and hands often cracked and painful in winter. In summer the sensation of burning heat was troublesome, but the patients agreed that

they were more comfortable than in the cold weather; no decrease in the quantity of urine was observed. The treatment adopted was the inunction of glycerine every night while the skin was still moist after a warm bath. Very great relief followed these measures; and in one case free perspiration was said to be established over the greater part of the surface, and the skin of the portions less severely affected became natural in appearance. The improvement was doubtless only temporary, but the comfort afforded to the patient by the soft and moist condition of the epidermis, produced by the frequent application of glycerine in the manner above stated, shows that the worst effects of this incurable disease may be mitigated to a great extent by appropriate local treatment.

Lepra.—Under this head are included simple cases of lepra only. Psoriasis palmaris and plantaris are classed separately; and other forms distinctly syphilitic are given amongst the syphilides. In the twenty-one cases of lepra, fourteen occurred in females; seven, *or one half as many,* only in males. This is in agreement with the statistics of Wilson and Devergie, and in opposition to the experience of Hebra. It was met with at every age from 6 to 54; but in four instances the patients were between the ages of 6 and 13; and in five others, who were adults, the disease had first appeared in childhood; so that in nine, or nearly one-half the whole number of cases of lepra, the disease was ascertained to have first commenced before the age of puberty. In the five adults the eruption had got well on the first occasion in childhood, sometimes with, generally without, treatment; had recurred frequently since, and generally with greater severity and persistency in each successive attack. In the case of a woman aged 34, the eruption was stated to have recurred nearly every spring since its first appearance at the age of 12, getting well after a time, to return the following year. In one instance only was it ascertained to be hereditary; but its appearance in childhood in so large a proportion of cases, and its continuance in after-life, seem to indicate, in these at least, the evolution of some congenital diathesis rather than any change which is the result of surrounding conditions of life. The subjects of this affection were almost invariably healthy and robust, and no other disease or diathesis was traced in connection with it. The following case will serve to illustrate the natural course of one form of the disease, and its tendency to get well without specific treatment where the exciting cause is temporary.

Lepra developed by pregnancy.—J. C., a somewhat delicate but healthy-looking woman of 35, came to the Hospital on August 14th, 1868, with an extensive eruption of lepra, con-

sisting of large confluent patches on the arms and legs, and smaller ones on the trunk. These were not tubercular; the scales were white and well-formed, and showed no coppery tint. She had never any eruption before, and this had first appeared some four months previously; she was then in the third month of pregnancy. She had never suffered from sore throat, and had four healthy children, who had always been free from skin affection. The appearance and seat of the eruption were normal; there was no history of syphilis; and the only fact which could create any suspicion of it was that she had had five miscarriages. She was suffering from leucorrhœa and severe diarrhœa, and was ordered a sulphuric acid mixture, containing five minims of tinct. opii, every four hours, and weak red precipitate and creosote ointment to the eruption. When seen at the end of four days, the diarrhœa and vaginal discharge had both greatly abated, and the eruption was of paler colour. The medicine was ordered to be taken three times a day only. A week later the vaginal discharge had ceased, the bowels were regular, the eruption was fading away, and in a few days more had entirely disappeared. She continued the same treatment until the birth of her child at the beginning of October, with great improvement of general health, and no return of lepra. Five weeks afterwards she brought the child for inspection. It was healthy and plump, and free from eruption. The mother was well, and had had no return of the skin disease.

Inveterate Lepra.—Partial Absorption of the Digital Phalanges.—D. P., a tall, strong woman of 48, came to the Hospital on November 19th, 1868, with extensive lepra of the trunk and limbs. The eruption was of the extreme form, the colour being a dark red, and the scaly plates thick. She had suffered from it as long as she could recollect, never being quite free. It always came out very extensively when she was suckling her children. These were all free from eruption, nor was anything of the kind known to have occurred before in her family. At one time, nearly twenty years previously, she had thickening and cracking of the skin of the palms, which troubled her for some time, and has occasionally returned since. There was no sign of this when she came under observation; but some of the fingers of both hands were shortened in the most extraordinary manner. The nails were thin, brittle, and scurfy, and the ungual phalanges attenuated. The metacarpal extremities of the fingers were swollen and rather white and shiny. Some of the joints were stiff and but slightly moveable. The fingers were not equally affected. In the right hand the thumb and two

first fingers were swollen and shiny at the metacarpal end, while the ungual phalanges appeared wasted, the nails turned upwards and brittle; and the joints were ankylosed, or but slightly moveable, but there was no shortening. The third finger showed the same peculiarities, but was also reduced in length to 1½ inch, the shortening being due principally to absorption of the middle phalanx, which had in great measure disappeared. The little finger was an inch long only, the middle phalanx being but a quarter of an inch; the other points as in the rest. In the left hand the same tense, shiny look of the base of the fingers, stiffness of joints, upturned and brittle nails, existed. The middle finger was much shortened, and the terminal phalanx below the line of the rest of the finger, as if displaced towards the palmar surface. The third finger was curved towards the middle one. The little finger was only 1⅛ inch in length, reaching just to the middle joint of the ring-finger, which was of natural length, and each phalanx seemed to be reduced in much the same proportion. The fingers were all rather tender, and were frequently painful. She stated that the change in the fingers commenced some seventeen years before, when a hard, painful swelling appeared at the root of the nail of the middle finger of the left hand. The other fingers were attacked in the same way one after another at intervals, and the neighbours told her she had "chalk gout." The thumb of the right hand was not affected until last year, when it became swollen, tender, and painful. There had never been any redness, and never any sore or discharge from the fingers. The terminal phalanges wasted after the original swellings at the roots of the nails went away. The fingers were now so tender that she dared not shake hands. She could hardly hold anything in her feeble, uncertain grasp, and had not been able to use a needle for the last six years, but could handle scissors with difficulty up to the present time. The hands had gradually and steadily become worse. She had enjoyed fair health; had never any pain except in the hands; had latterly some tenderness in the toes, but could walk perfectly well; had never psoriasis plantaris, and there was no visible alteration in the feet. There was no gout known to exist in the family.

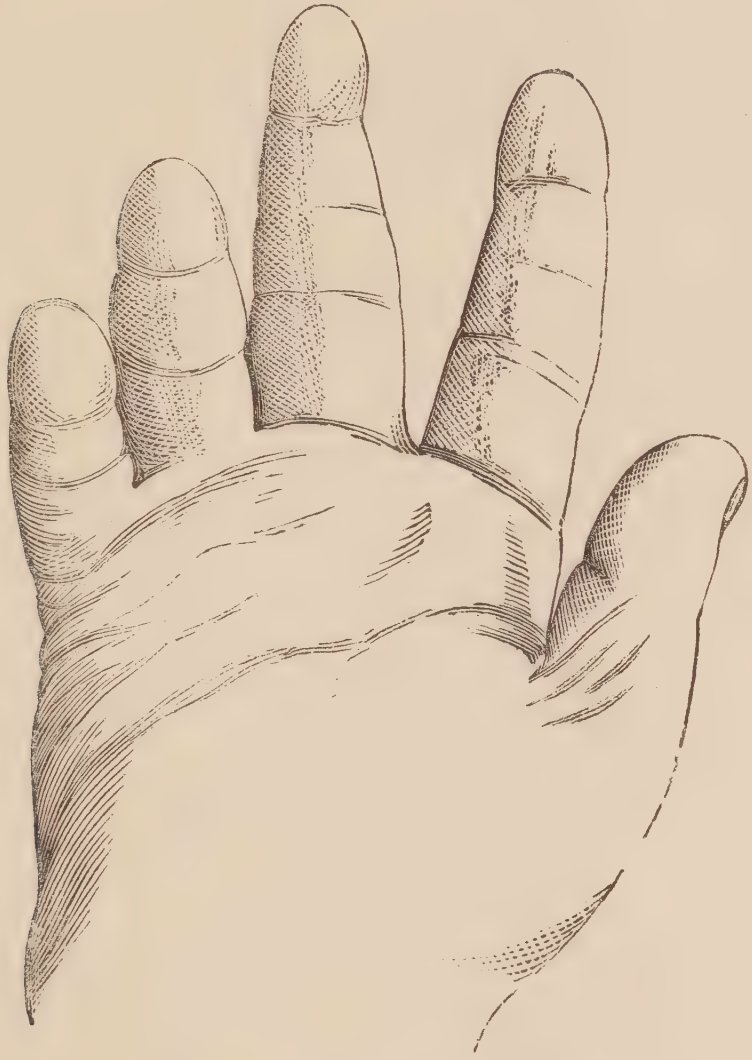
This curious disease of the hands, connected with lepra, seems to be almost unique. The only case we can discern which bears any resemblance to it is one mentioned in Wilson's "Diseases of the Skin," sixth edition, page 395, under the head of atrophic affections.

The affection of the fingers in connection with inveterate lepra suggests the possibility of both being dependent upon

gout. The skin disease seems to have some relation to the gouty diathesis, and the condition of the fingers resembled in many respects that often seen in rheumatic gout. But in this instance there was no gouty thickening or deposit about the joints. Gout was not known to exist in the family, and the freedom of all the other joints, and especially those of the toes, from any similar affection, is opposed to this view. Moreover, this would not account for the shortening of the fingers, which appeared to be due to direct reduction in the length of

the bones—by absorption of the extremities of the phalanges and articular cartilages. This had been so even and symmetrical in most instances that no distortion ensued, the action of the muscles drawing back the bones in a direct line, so that the fingers remained straight when reduced in length. The middle and ring fingers of the left hand were partial exceptions to the rule, the first phalanx of the former being drawn down, as if displaced, towards the palmar surface, and the latter bent towards the middle one.

Although the condition of the hands in the preceding case presents some points of resemblance to that met with in elephantiasis, it differs in the absence of ulceration or necrosis. There had never been any exfoliation or extrusion of bone—no breach of surface of the skin or discharge from it. There was no thickening of the derma; no formation of tubercles, unless the swellings described as occurring at the commencement of the disease in the fingers were of this nature. That some of the finger bones had been reduced to less than one-



half their natural length—that this had not been effected by necrosis and exfoliation, but must have been the result of gradual absorption—and that this condition co-existed with extensive lepra of the inveterate form, are facts to be recorded; whether any certain relation exists between them cannot be determined from this single case.

Acute general Lepra or *Acute Dermatitis.*—The patient was a robust-looking man of 27, a chimney-sweep by trade, who,

with a rare regard for cleanliness, was in the habit of washing himself from head to foot every evening after his day's work in a strong solution of soda, for the purpose of thoroughly removing the soot. He was also a great beer-drinker, and the weather being extremely hot, he had lately taken more than usual, sometimes as much as four or five quarts a day. About five months before he came to the Hospital he first noticed the appearance of an eruption in a small patch the size of a fourpenny-piece, which came on the right shin. It was not sore or tender, perfectly dry, and scaly. This grew to the size of "the top of a teacup," and then the eruption made its appearance on the left leg, spread up the thighs, then to the arms, and lastly to the trunk. It was dry, scaly, red, and annular in form, "coming," as he expressed it, "in round rings, like the ringworm." When first seen, on the 11th of June, 1868, the only portions of the body free from eruption were the neck, chest, belly, and the back of the hands. On the sides of the trunk and arms, where the patches were tolerably distinct, their form was annular, and the rings in some cases two or three inches in diameter, the centre being occupied by healthy skin. On the legs the rings had coalesced into one uniform sheet, covering the greater part of the limb, from the knees to the ankles. The eruption was somewhat raised, of a bright red colour, and covered with large white plates of cuticle, easily detached, but not friable. There were neither vesicles nor papules; nor was there the slightest exudation of moisture. No history of syphilis or hereditary tendency could be made out. Small doses of arsenic and iodide of potassium were ordered, and creosote ointment. When the man was seen a week afterwards, he was scarlet from head to foot, so that hardly a vestige of healthy skin was visible. The back of the hands, chest, and abdomen, which had been free before, were now like the rest of the body—a uniform bright red, and covered with loosely-adherent scales, but perfectly dry and not sore or tender. The scalp was filled with dry scurf, the face red and scaly, and the conjunctiva somewhat suffused. The gums and buccal mucous membrane were very red, and on the latter were superficial ulcerations along the line of the teeth. The skin felt excessively hot to the touch, and severe burning and itching were complained of. The temperature of the axilla was 100·4, the pulse 108, soft and full, and the tongue much coated with white fur, and bright red at the tip and edges.

The patient was at once admitted, and remained under Dr. Cheadle's care. A warm bath was given every night, after

which the body was sponged all over while still moist with a weak lotion of nitric acid and glycerine. This greatly relieved the burning and irritation. Zinc and lead ointment were applied to the limbs; the bowels, which were very costive, freely opened by compound jalap powder, and doses of carbonate and sulphate of magnesia, sufficient to act slightly on the bowels, given three times a day. In the course of four days the redness of the skin began to fade on the chest, the temperature went down to 99·5, and the tongue became cleaner. The desquamation was very great, the sheets being covered in the morning with perfect handfuls of scales shed during the night. On examining these with the microscope, they were found to consist of masses of clear bright epithelial scales, amongst which no pus-globules could be discovered. The case progressed rapidly, the eruption disappearing from circular portions, and thus leaving annular patches with all the characteristics of lepra.

In three weeks there were only a few irregular patches scattered about the arms, back of the neck, waist, and feet. As the eruption disappeared, the skin resumed its former healthy appearance at once, without infiltration, thickening, or the soft waxy look so marked in the decline of acute eczema. The man became an out-patient at the end of three weeks, and when last seen, five weeks later, on August 20th, the skin was perfectly clear, except on the chest, where were several well-marked annular patches of genuine chronic lepra. The primary ring-like form of the eruption, its mode of healing from the centre, the complete absence of moisture from the first, the fact that no pus globules could be found, and that there was no infiltration or thickening of the skin, seem to stamp the eruption as an acute lepra rather than an eczema.

From the bright redness of the skin, and profuse desquamation of epithelium, the name of pityriasis rubra would be an appropriate one. But in the disease described by Hebra under that appellation, the desquamation does not appear to have been so plentiful, the disease was essentially chronic, not acute, remaining months, and even years, without any change, and it was invariably fatal. Mr. Wilson has described three cases of the disease, only one of which terminated unfavourably, and in these the eruption ran a very slow course, although it directly corresponded in all other respects with the description given by Hebra. A case given by Dr. Wilks, in Guy's Hospital Reports for 1861, seems almost identical with the one here recorded.

He describes it as general inflammation of the skin, or

dermatitis, occurring in a coal-porter, aged 34, under the care of Dr. Owen Rees. The man was exceedingly ill, with full pulse, thickly-furred tongue, covered from head to foot with roseolous rash in a few days, the whole skin acutely inflamed, red, and slightly swollen. At the end of a week desquamation began, the epithelium peeling off in large flakes. The tongue was superficially ulcerated. The man was well again in the course of a month, but afterwards his nails came off, a dead, blackened portion marking the date of the attack. In the acute nature of the attack, the time in which it ran its course, the ulceration of the mouth, and the general appearance and character of the eruption, and indeed in every point except the loss of the nails, the two cases agree very closely, and represent, perhaps, in an acute form, the same condition of the skin which exists in a chronic state in the pityriasis rubra of Hebra.

Psoriasis palmaris and plantaris.—The six cases of this local eruption are given separately, since it is yet very doubtful whether they ought to be classed *en masse* with the syphilides, with which they are usually associated, from a vague impression that this form of psoriasis is essentially syphilitic. Hebra appears to regard most of these cases as of that nature, for he avers that true psoriasis of the palm is exceedingly rare, yet in three of these six cases there was neither symptom nor history of syphilis, nothing to connect the eruption with such a cause in any way; and in the remaining half the evidence was far from conclusive. There is no doubt a syphilitic affection of the palms, and also a distinct squamous disease, which is a true psoriasis, or a squamous eczema. Mr. Wilson recognizes a syphilide, a squamous eczema, and a lepra—three distinct forms. The difficulty is to distinguish satisfactorily between them; but it may be stated generally, perhaps, that where the affection is limited to one hand or one foot, where the palms or soles are only partially affected by patches of eruption, where there is very great but very unequal thickening of the epidermis, which is exfoliated in thick plates, where the fissures are wide and deep, and the sensation of burning and aching extremely severe, independently of the history and collateral evidence, the eruption is a manifestation of tertiary syphilis. Where the palms or soles present one uniform sheet of thickened cuticle extending over the whole surface, furrowed by numerous fine cracks, and desquamating in small scales, but not peeling in plates, the eruption is a psoriasis or eczema depending upon some other cause, and generally excited by local irritation.

One case of the latter kind, in which there was no history

or evidence of syphilis, is curious from the power apparently exercised over the eruption by a drug which has lost much of its old reputation—sarsaparilla.

G. S., a strongly-made man of 65, came under the care of Dr. Handfield Jones on May 21st, 1868. He stated that he had suffered from an affection of the palms of the hands for twelve years. The base of the wrist, the base of each finger, and the transverse fissure of the palm of the right hand, showed thinned epidermis, with a raised margin of white, altered, thick epidermis, and some redness of the corium. The left palm was slightly affected in a similar manner, and there was some altered epidermis on the lower part of the right leg. He denied syphilis altogether, and said that he had been treated by mercurial vapour-baths for some time, until he became so weak and nervous that he could hardly walk, without any improvement in the eruption. He also appeared to have been subjected to a long course of arsenic, which had caused severe and persistent gastric pain for a long time afterwards. He asserted, moreover, that although he had obtained no benefit from these measures, but rather the contrary, he could always keep the disease in check, and, indeed, cure it completely for a time by sarsaparilla. As the remedy was expensive, however, and the disease invariably returned in the course of a week or two if he omitted to take it, he came to the Hospital, in the hope of obtaining more permanent relief. He was ordered cod-liver oil and nitric acid mixture, without any local application. At the end of a week considerable improvement had taken place; but this did not continue, and a lotion of nitrate of silver, fifteen grains to the ounce, was applied to the fissured surface. The hands, however, got worse; small doses of biniodide of mercury were ordered; but the patient, discovering the nature of the remedy, his prejudice against the drug prevented his taking it, and the original treatment was resumed. Not being satisfied, however, with the progress he made, the patient began to take sarsaparilla on his own account about the last week in June, having then been under treatment for a month without any decided benefit. On July 2nd the hands showed most marked improvement, and on the 9th they had become quite natural in appearance. The cod-liver oil was continued and the sarsaparilla omitted; but in the course of the next three weeks the epidermis again became thickened and fissured, and the man resumed his self-treatment by sarsaparilla on July 30th. Immediate improvement followed, so that on August 20th the hands were again perfectly free. The notes of the case are deficient from this date to October 15th, when the hands were well, no sarsaparilla having been taken for

three weeks. A week later the epidermis had begun to thicken and crack once more. Up to this point, October 22nd, the man had taken his remedy by his own prescription and at his own expense, and the correspondence of improvement in the skin with this rested upon his statement only. Decoct. sarsæ was now ordered from the Hospital dispensary, an ounce to be taken twice a day. No other medicine was given, and no external application made use of. The hands quickly improved, and became perfectly well. He continued to take the medicine until November 12th, when an attack of gout prevented his attendance again until December 3rd, when the sarsaparilla was resumed. On the 17th, the epidermis of the palms was seen to be getting thicker; and the eruption continuing to grow worse, the decoction of sarsaparilla was increased to two ounces, with five grains of iodide of potassium, three times a day. After this the hands again improved, and soon regained the healthy condition. Since that date, January 7th, 1869, the psoriasis has again returned on the omission of the remedy, and the substitution for it of gr. $\frac{1}{24}$ of bichloride of mercury. The latter was taken for several weeks, and the hands became steadily worse. The man thereupon purchased two ounces of sarsaparilla root, which he made into three pints of decoction and took in fourteen days. At the end of that time the palms were wonderfully better, and a further two ounces being supplied from the Hospital, they were completely well by the 25th February. Since that time until April he has taken no sarsaparilla, and had no return of the eruption. During this period he has taken small doses of the iodide of potassium.

The above case has been given with some minuteness of detail, in order to show the singular correspondence between the exhibition of one remedy and the amelioration of the disease. The man's statement that he could completely control the eruption by the use of sarsaparilla certainly seemed to be borne out by subsequent observation. Improvement and temporary cure followed immediately. No advantage was obtained from the administration of any other remedy, with the exception of a transient relief at first from nitric acid and cod-liver oil. A slight return of the psoriasis indeed took place whilst the patient was taking sarsaparilla, but this was never extreme, and disappeared under increased doses with iodide of potassium. If the effect was apparent only, and due to an accidental coincidence between the administration of the drug and natural fluctuations of the disease, it would seem impossible that such coincidences should be so frequently repeated, and that such changes in the eruption should never, in any instance, coincide

with the administration of any of the other numerous drugs which were given. These curious facts, at any rate, suggest a further trial of the remedy in cases of psoriasis palmaris. In one case of psoriasis plantaris suspected to be of syphilitic origin, sarsaparilla alone had no effect whatever, and the eruption declined under bichloride of mercury. No opportunity of testing its power in undoubted non-syphilitic forms has yet presented itself.

Psoriasis plantaris is rarely met with before the age of puberty—more rarely even than psoriasis of the palms—and its occurrence in a girl of 13 demands special notice. The patient was the child of most respectable parents, living in the country. There was no suspicion of syphilitic taint; no history of hereditary tendency. The mother had three other children, all living, free from skin disease, and perfectly healthy. No affection of the kind was known to have existed in any of the family on either the father's or the mother's side. Eighteen months before coming to the Hospital, in March, 1868, the girl noticed that her feet were hot and sore, which she attributed to chilblains, and described them as having been red, and having "dry bladders" on them, the skin peeling off. Subsequently the soles became covered with white scales, and had been tender, cracked, and dry ever since. There had never been any exudation from the surface, nor any eruption on any other part of the body. She complained that the feet burned and ached very much, especially after walking, and at times itched severely. When examined, on admission, the soles and the sides of both feet, for an inch above, were of a uniform red. The margin of redness was a well-defined line along the sides, the height of a low slipper, and extended in front to a little above the base of the toes. The plantar surface was cracked and fissured transversely, sparsely covered with white scales, and perfectly dry. There was much less thickening of the epidermis than in ordinary cases of the disease. The whole plantar surface of both feet was evenly and uniformly affected. The palms of the hands and the rest of the body were quite free. Under arsenic and an ointment of the red oxide of mercury with creosote the feet gradually recovered their natural condition. The treatment was continued unchanged throughout. No relapse occurred, and at the end of eleven weeks the girl was discharged perfectly well.

In this case the condition of the skin bore a strong resemblance to that observed in the palms and soles of infants suffering from congenital syphilis; viz., the cutis vera hyperæmic, the epidermis uniformly thickened, but not in any

extreme degree, and covered with small white silvery scales. It might be supposed possible that this was an instance of retarded congenital syphilis, appearing at the age of puberty, and we have observed instances which seem to confirm the view held by Ricord, Diday, Lancereaux, Hutchinson, and other distinguished authorities, that the appearance of hereditary syphilis may be delayed to that age, or even later. This opinion is supported too by the fact that tertiary symptoms may appear in the adult fifteen or even twenty years after the primary lesion, the poison lying dormant, as the poison of rabies may lie dormant, how or why we do not clearly see, but perhaps enchained in some tissue combination, and let loose at last by tissue change. Here, however, there was neither sign or mark of syphilis, nor anything in the history of the case to excite any suspicion of such a taint. And although the eruption had existed for eighteen months, it rapidly got well under arsenic, and without the internal use of mercury.

Other cases of palmar or plantar psoriasis showed some marks of syphilitic origin.

In one, that of a woman, aged 35, in which the affection was limited to one foot, there was no history of syphilis. The cuticle of the sole was immensely thickened, and peeled off in thick flakes, the hard, dry surface being deeply fissured in raw and bleeding cracks. The portion of thickened epidermis was irregular in outline, and the whole plantar surface was not equally involved. The sensation of burning and the aching pain was described by the patient as very severe. Under the biniodide of mercury and iodide of potassium, with creosote ointment, the eruption rapidly improved, but remained stationary at a point short of complete cure. On the cessation of mercurial treatment the epidermis quickly resumed its thickened, cracked condition. Sarsaparilla, which appeared to be so beneficial in the case of palmar psoriasis previously recorded, was tried alone in this case, but the foot grew steadily worse, and recourse was had to the original treatment. Under the biniodide the skin soon showed improvement, but the perchloride of mercury appeared to cause trembling and faintness, and iodide of potassium in fifteen-grain doses has been substituted. The case is still under treatment.

In one case of palmar psoriasis, in a woman, aged 29, the only fact suggestive of syphilis was that she had had three still-born children, two at seven months, but she had never any miscarriages, sore throat, or previous eruption. She rapidly got well under small doses of the perchloride of mercury. In another case of palmar psoriasis occurring in a man, aged 29,

there was a scaly eruption on the glans penis. The man positively denied syphilis, and no mark of primary lesion, internal affection, or history of secondary eruption, could be traced. The man stated that he had been married two years, and that his wife continued healthy, and had had no miscarriages. He exhibited steady improvement under iodide of potassium, until he ceased to attend at the end of two or three weeks. In a third case of the palmar variety, occurring in a man, there was no history or sign of syphilis, with the exception of some induration of the tongue, a limited hard swelling, as if from deposit, but no scar. He improved rapidly under the perchloride of mercury.

Syphilides.—Passing from these doubtful forms to the twenty-one cases of eruptions which clearly had their origin in syphilis, most of the well-known varieties were found amongst the numbers. They comprised six cases of tubercular syphilis; two of impetigo; two of leichen; three of macular syphilis (syphilide maculose); one of ecthyma; two of psoriasis, accompanied by fissured tongue; three of rupia; two indefinite. One case of tubercular syphilis, or tubercular syphilitic psoriasis, was observed with great interest, because the patient, a woman of 22, became pregnant while suffering from the eruption, and under treatment by the biniodide of mercury and iodide of potassium. E. M., a pale, cachectic-looking person, tolerably plump, came to the Hospital on November 8th, 1867, with an eruption of small patches of a coppery hue, raised, shiny, and having a few imperfect scales. Her voice was very husky; her throat extremely sore and deeply ulcerated. The tongue was not affected; and the eruption was confined to the arms, face, back of the neck, and the scalp. She had been married three years, and had two children, both quite healthy and free from eruption. The youngest was nine months old. She had had no miscarriages, and had first noticed the spots some two months previously. There was no history of primary sore. Biniodide of mercury and iodide of potassium were given for about nine weeks, at the end of which time the gums became slightly affected, the eruption having nearly disappeared. Chlorate of potash and cod-liver oil were then substituted; but the eruption steadily returned, and a month later iodide of potassium was given, with arsenic. Steel was afterwards added; and in June, 1868, eight months after admission, the woman was discharged, a few faint brown stains here and there marking the former seat of the eruption. At the end of January, about the time the eruption first faded away, when the guns had become sore, and the mercury was discontinued, the woman became pregnant, and was confined

in October. On November 11th she brought her child to the skin department. It was affected with mucous tubercles about the anus and genitals, and a few slightly-raised, small, brownish patches on the face, arms, and legs; but the eruption was not severe, and there was no ulceration. The palms and soles of the feet were scaly, and the epidermis thickened and somewhat reddened. On the tongue there was a round depression, red, and bare of epithelium. The child was plump and healthy-looking in every other respect. The eruption first appeared three weeks after birth. Five minims of the liq. hydrargyri perchloridi were given three times a day; and by December 2nd the eruption had disappeared, and the medicine was discontinued. On the 15th January the child was again brought to the Hospital with snuffles and a discharge of blood and pus from the nose; and soon after, the tubercular eruption reappeared. The treatment was resumed, and on the 25th of February the child had completely recovered. The mother has had no return of the eruption since the birth of the child.

The affection of the child was very slight in proportion to the condition of the mother when she first came under treatment. Improvement steadily followed the use of mercury; and it seems highly probable that the development of syphilis in the fœtus in utero was greatly modified by the treatment which acted so favourably on the mother. It showed none of the emaciation and cachexia which usually accompany congenital syphilis; and the tubercular eruption and affection of the nose were of short duration.

A second case of tubercular syphilis, deserving of notice, occurred in a stout young fellow of 22, who became a patient in March, 1868. He had general tubercular psoriasis; the patches were irregular and ill-defined, somewhat raised, and the scales few and imperfect. He had contracted a chancre twelve months before; he was ordered 5 grains of iodide of potassium three times a day, and tar ointment to the skin. At the end of a week the dose of iodide of potassium was increased to 8 grains, which was continued for three weeks, by which time the original eruption had almost disappeared, but was succeeded by impetigo of the chin and lower parts of the cheeks. The ointment was changed to a mild mercurial, and the mixture continued as before. On the 30th of April, seven weeks after he came under treatment, he was entirely free from skin disease; but a soft node, some two inches in length, appeared on the right shin. It was very tender, and had been so painful as to prevent sleep. The iodide of potassium was increased to 10 grains, when the man ceased to attend for a considerable time. When seen again, several

weeks afterwards, he stated that the node had subsided in a week or ten days, during which time he had continued to take the medicine. The occurrence of nodes, after an uninterrupted course for seven weeks, of a drug which is supposed to be a specific in this form of syphilis, is a curious and interesting fact in therapeutics.

A case of psoriasis of the arm and wrist in a woman, A. B., aged 49, and married, who became a patient in May, 1868, showed most of the distinctive features of one of the syphilitic forms. There were only two patches of eruption, both on the flexor aspect of the left arm. The one on the wrist was some two square inches in area, slightly elevated, dull red, covered with a few scales, perfectly dry, and traversed by numerous deep irregular fissures. The one on the forearm was formed of a group of smaller patches, coalescing into a horse-shoe form,—red, dry, fissured, and sparsely squamous, like the other. The woman stated that the palms were first affected, as she supposed, by much washing; but the skin there was now quite natural, and the soles of the feet and the rest of the surface quite free from eruption. The tongue was fissured, raw, and tender on the left side only, and was puckered and contracted by old cicatrices. No history of any secondary eruption, or of syphilis in any other form, could be made out. The tongue had first been affected five or six years ago, healed, and broke out again, and the eruption on the skin was stated to be of about the same duration.

Under arsenic and iodide of potassium, with creosote ointment, the woman became almost well in the course of six weeks, at the end of which time she ceased to attend.

This case exemplified the unilateral character which the tertiary forms of syphilis sometimes assume, as seen in palmar and plantar psoriasis and specific ulcers. The large serpiginous patches, their abnormal situation on the flexor aspect, contrary to the habit of ordinary psoriasis, and the peculiar appearance of the dull red, dry, fissured surface, were very characteristic of syphilitic disease, and the condition of the tongue afforded corroborative evidence. Although, however, the eruption itself seemed indisputably marked with the features of syphilis, no history of it in any other form could be obtained. The primary sore and secondary eruption, if they ever existed, must have escaped observation; or the case was one of those where infection takes place through the fœtus in utero, or some casual contagion, and manifested only in some of the later terms of the syphilitic series.

Three cases of "Syphilide maculose" came under observation. One of these presented some special features. S. N., a man

of 45, a native of Tunis, became a patient on May 8th, 1868. The whole of the arms, thighs, and legs were covered with an ill-defined, mottled eruption of a yellowish brown, and plentifully covered with fine scales, which were, however, much larger than those of pityriasis, and the colour more faint and mottled than in parasitic chloasma, to which it bore a certain resemblance. Immediately above each ankle, and extending completely round the lower part of the leg halfway to the knee, was an uniform sheet of darker brown, covered with thicker, coarser scales; but the epidermis was not fissured or thickened, nor was it infiltrated or raised in any degree. Small doses of biniodide of mercury were given with iodide of potassium, and red oxide of mercury and creosote ointment applied externally. In a week the eruption had declined in a marked degree: the gums were tender, and the stomach seemed much disordered by the medicine; an effervescing draught, containing chlorate of potash, was therefore substituted, the ointment being continued. In a month the scales had entirely disappeared, and faint yellow stains here and there were all that was left of the original discoloration. The general, diffuse character of the eruption, without thickening, infiltration, or elevation, was peculiar—a macular psoriasis. The unusually apid improvement under mercury, coinciding with the extreme sensibility of the system to its influence, seems to point to some relation between the power and rapidity of its general effect on the system, and its action in arresting or removing the developments of the specific poison.

Scabies.—A portion of the twenty-five cases of scabies were treated with ordinary sulphur ointment, and the rest with stavesacre ointment. The latter was perfectly effectual, but appeared to act with less rapidity than sulphur. The staves-acre was found to be well adapted to children and persons with delicate skins, since it produces less irritation than sulphur, the prolonged and excessive use of which is liable to produce prurigo and leichenoid eruption in such subjects. Stavesacre is also free from disagreeable odour and other objectionable qualities of the established remedy.

Pityriasis versicolor.—In the solitary instance of this affection which was met with, the characteristic branching mycelium and groups of round glistening sporules of the fungus, were found in great abundance in the scurf scraped from the part when placed under the microscope. The patient was a healthy young man of 24. The eruption had existed for several years. A lotion of sulphurous acid removed it to a great extent, when the patient ceased to attend.

Tinea tondens and Tinea circinata.—In several cases these

two forms were combined in the same individual, and in one instance one member of the family had tinea tondens of the scalp, another tinea circinata on the arm and leg. There seems to be little doubt that the two are essentially the same disease, whether the morbid appearances presented by the microscope be due to the phytiform degeneration of Wilson or to fungus growth. In the examples of tinea tondens, the broken hairs examined under the microscope were always found to be darkened and opaque after the addition of liquor potassæ, and splitting longitudinally from the presence of innumerable dark granules or sporules. Nothing resembling the mycelium of a fungus could be discovered. In one case of tinea circinata of the shoulder, no dark sporules could be detected in the epithelium, but a hair growing out of the part was seen to be crowded with them. In another, where the eruption was seated on the thigh, a portion of the affected epidermis removed by blistering, and treated with liquor potassæ, was found to contain the same dark granules in great numbers, and, branching amongst the epithelial scales, long, slender filaments, with pale central axes and dark boundary-lines, somewhat like nerve-tubes, could be clearly made out. In all the other cases, however, in which the cuticle was removed and examined in the same way, no such appearances were observed. In the instance in which they were found, however, the appearances were so well marked, and seemed so unmistakable, that the negative evidence in the majority of cases cannot be deemed conclusive against the existence of the same fungoid or phytiform growth in the tinea of the skin which is found in that of the hairy scalp. In the former, where the fungoid growth or degeneration of tissue is superficial, and confined to the epithelium, a cure was found to be readily effected by the application of iodine, blistering fluid, or acetic acid. On the scalp, however, where the deeply-seated hair-follicles are affected, the disease is naturally more intractable and relapsing, the morbid growth being less readily reached by external agents.

Alopekia areata.—The two cases of this disease occurred in children, one 7 and the other 8 years of age. In the former the head was almost entirely denuded of hair, except a small patch of short stumps on the occiput. This patient attended only once. In the second, the disease was limited to one patch, and the hair returned in a thick crop at the end of three months' treatment by arsenic and steel, with the local application of nitrate of silver lotion and strong creosote ointment. In one of these cases some of the scattered hairs were

extracted and examined by the microscope. The bulbs were seen to be shrivelled and pointed, instead of the rounded swelling natural to the healthy state, but no trace of any fungoid growth was visible. The disease seemed to consist in an atrophy of the hair, and it is probable that the few cases in which vegetable organisms have been discovered have, in reality, been cases of tinea tondens, and not true alopekia.

Lupus.—Two cases of this affection only were received, both occurring in women, one of the superficial form, the other of the tubercular variety. The first was in a woman aged 32, and the eruption confined to a small, red, slightly-raised patch on the left cheek below the orbit, near the nose. The whole patch was slightly raised, but the margin more elevated, and of brighter red than the central portion; on the right cheek was a larger portion of skin of a dead white colour, which had been the seat of active lupus, and had healed under the application of caustic, the true skin having been replaced by connective tissue. The eruption had been in progress for twelve months. At first arsenic, and afterwards cod-liver oil, were given internally, and zinc ointment applied to the red portion on the left cheek, which was also lightly touched from time to time with blistering fluid, this being instantly dried off with blotting-paper, so as not to produce any vesication. Under this treatment the most uninterrupted improvement took place, so that, at the end of four months, the patient was almost well, and ceased to attend. The red elevated surface had changed to a large dead-white cicatrix. The case of tubercular lupus occurred in a woman aged 43, and had commenced, as in the preceding instance, some twelve months previously. Her father was stated to have died of phthisis. The eruption first appeared in the shape of a small tubercular elevation on the side of the nose. Fresh tubercles were developed in succession, and at the time the patient came under treatment almost the whole of the nose was involved. There had been no ulceration at any time. The treatment at first adopted was the administration of iron and quinine, and painting the surface with the strong tincture of iodine, red oxide of mercury ointment and nitric acid lotion being used in the intervals. No satisfactory progress following this course, the local treatment was changed to a powder, composed of three grains of arsenious acid to a drachm of calomel, made into a paste with water, and painted over the affected parts. By this means the nose was reduced to nearly its natural size, and the skin assumed almost a normal appearance in the course of three months. A relapse, how-

ever, soon took place, and the tubercles rose up again to the same degree as at first. The arsenical paste seemed to have lost its efficacy, and iodine was again applied, but without much benefit.

Cod-liver oil was then given, and the acid nitrate of mercury cautiously applied once a week, zinc ointment being used daily in the interim. These measures proved very effectual, and although, at one time, deep ulceration of a limited portion at the root of the nose supervened, the progress has on the whole been continuous and favourable, and at the present time the disease appears to be completely arrested.

Sycosis.—Two cases. The first, J. J., a man of 56, was admitted as an in-patient of the Hospital on May 8th, 1868, under the care of Dr. Handfield Jones. He was a herdsman, and many of the cattle about which he was employed had the ringworm; whence he thinks he contracted his disease. The first appearance of any eruption was on the anterior aspect of the left forearm, near the wrist, nearly five weeks previously. At this point there was, when admitted, a large, roundish, red, thickened patch, scabbed in parts, with an irregular surface, which had coalesced at the upper segment of its circumference into a smaller, less thickened, but otherwise similar one; an inch and a half higher up was a separate one, red, slightly raised, with a small vesico-pustule on it. The left side of the lower cheek, and all the chin above and below the jaw, as far to the right as the commissure of the lips, was much swollen, the skin red, and thickly set with small suppurating foci. The swelling of the skin resembled that of an exuberantly-growing epithelial cancer, and was well circumscribed in most parts. The lips, and the skin over the right jaw, behind the commissure, were not so much affected, but showed more or less tendency to suppurate and discharge. The pulse was weak and quiet, skin cool, tongue white; urine, s. g. 1021, light-coloured, free from albumen. He did not feel bodily ill, and had kept about his work until admission. He stated that he had often been in the way of ringworm amongst cattle, but had never suffered before, and that he was very subject to boils, as was his father also. A number of hairs were examined under the microscope; the bulbs of some were swollen, and enlarged by adhesive streaks of granular-looking matter, and the whole field was full of corpuscles of about the size of pus corpuscles, and much resembling them; many, however, being evidently the nuclei of ordinary cells. No unequivocal sporules of a parasitic growth could

be seen either in the hairs or around them. Sulphite of soda, arsenic, and subsequently quinine and sulphate of magnesia, were given during the first week, ordinary diet, and a lotion of perchloride of mercury, afterwards changed to diacetate of lead and glycerine. Poultices were applied to the chin. The swollen skin exuded numerous small drops of pus on pressure, and the patches on the arm, which had been poulticed, also showed numerous points of pus-like exudation, and were highly red; and there were several spots like blind boils—imperfectly suppurating furunculi—on the right forearm.

On the 12th, six days after admission, the swollen skin of the face was slowly subsiding, the furunculi on the right forearm enlarged and proceeding to suppuration. The temperature was, however, found to be 104°, and the pulse 112°; the man had been very sick, could not stand, and had had no sleep. The following day the temperature was 102·5°, the pulse a few beats slower; but there was some appearance of erysipelas on the right cheek and about the right ear. In a few days the erysipelas spread over the whole face, the pulse became very feeble, the temperature went up to 105°, the tongue turned dry and brown, the buccal mucous membrane aphthous, and the patient lay in a state of half-stupor, and was at times wandering. Stimulants were freely given, with quinine and nitric acid, and about the eleventh day after the supervention of the erysipelas, improvement set in and continued. When the redness and erysipelatous swelling had subsided, the sycosis had in great measure disappeared, leaving some parts of the chin devoid of hair. On the left side of the face, in front of the angle of the jaw, there was a triangular patch of quasi-warty alteration of the skin, and more in front, on each side the chin, a similar one with lower elevations. These were painted with a strong solution of nitrate of silver (thirty grains to the ounce), and on the 17th of June the man was almost well, and went out a few days afterwards with the sycosis completely cured.

The notable facts in this case are, that severe sycosis, usually so tedious in recovery, disappeared entirely, or almost entirely, after an attack of erysipelas of the head of a perilous character, which lasted about a fortnight. It seemed as if the erysipelatous inflammation superseded and destroyed the old suppurative inflammation, and on the subsidence of erysipelas healthy action was re-established in the hair-follicles in place of a return to the old condition. In this case also careful examination of the hair-bulb by the microscope afforded no evidence of the existence of any fungoid growth.

The second example of this disease occurred in a young man of 22, a smith by trade, who became a patient in December, 1868, under the care of Dr. Cheadle. The hair-follicles of the lips, the chin, and the cheeks along the line of the whiskers were red, inflamed, prominent, and many of them suppurating. The skin over the affected portions was elevated by gelatinous-looking exudation beneath the epidermis, giving the surface the semi-transparent look seen in some cases of lupus. Many of the sebaceous ducts were plugged with secretion, and some red and inflamed. The eruption had existed for above twelve months, and was increasing in severity. Sulphate of iron and magnesia were given, and red oxide of mercury ointment applied to the parts. This treatment was continued for a month, with some slight benefit, but as the progress of the case was not satisfactory, small doses of mercury and arsenic combined were substituted for the iron and magnesia, the ointment being continued. At the end of three weeks more, the condition being still much the same, the hairs were extracted from all the inflamed follicles of a certain area, and this portion painted with calomel and arsenical paste. The epilation and paste were repeated over fresh portions every week, and in many cases reapplied to the parts previously painted. No active inflammation was set up, and the parts to which the paste was applied became at once less raised and infiltrated and less red. In the course of a fortnight there were no pustules left, and the tubercular gelatinous condition was steadily subsiding. A month later the greater part of the diseased surface had resumed its natural condition, except that it was still somewhat reddened, a few small raised patches only being left on the left cheek and upper lip. The hair had begun to grow healthily. For eleven weeks the mixture of perchloride of mercury and arsenic, and the ointment, were continued, and the epilation and the use of the caustic repeated weekly, and by that time the face was well, except for the reddish discoloration which still to some extent remained. There was no infiltration of the skin, or inflammation of follicles. The man returned to his work, and before long came back to the Hospital with a fresh outbreak of eruption on the left cheek. This side of the face he stated was most exposed to heat when at his work. The right cheek remained perfectly well. He complained of languor and headache, and iron and quinine were ordered, while the same local treatment was adopted as before. The skin improved, the suppuration ceased, and when last seen, in July, 1869, the eruption had again disappeared, with the exception of faint red stains.

In this case, as in the preceding, no sign of fungoid growth could be discovered after careful and repeated examination of the hair-bulbs with the microscope. The same swelling of the root of the hair, and the same enlargement by adhering sheaths of granular-looking matter, with numerous corpuscles, resembling those of pus, were observed. The disease seemed essentially a suppurative inflammation of the hair-follicles, and no proof of parasitic origin could be found. The inflammation appeared to have been set up in this instance, and, perhaps, in the preceding case also, by external irritation. The smith was exposed to heat, dust, sparks, and ashes, from the nature of his trade, and when he resumed his occupation, the disease returned in the region brought specially under the influence of the exciting cause. The treatment by the calomel and arsenical paste was suggested by the benefit derived from its application in some forms of lupus, and more especially by observing that in the preceding case the passage of the erysipelatous inflammation seemed to restore the tissues to the healthy condition. The erysipelas cured the sycosis, and it was thought possible that the strong stimulus of the caustic paste, which in some instances gives rise to a certain amount of inflammation, might act in a similar manner to the erysipelas. Whether the *modus operandi* be that here suggested or not, the result of this treatment combined with continued and careful extraction of the hairs from every suppurating follicle, was eminently satisfactory. These observations afford good examples of what our French neighbours call *médication substitutive*, the leading idea of which is to replace one kind of morbid action by another which has more tendency to subside spontaneously.

White Gangrene of the Skin.—In a case of typhoid fever, in a woman aged 38, under Dr. Handfield Jones, a curious alteration of a portion of the skin was observed at the end of the third week. A patch, some two inches by one, elongated transversely, situated beneath the left mamma, a little to the right of it, had the appearance of a greyish-yellow, depressed, dry slough, like parchment. The margin was formed by a well-defined line, narrow, and whitish in colour, bordered outside by a pinky blush. The slough seemed to be in process of separation from the surrounding integument by a furrow running all round within the white line. On her admission, a week previously, all that was seen, according to an intelligent nurse's account, was a small boil with a "mattery head," and a red area not larger than a split pea. It was poulticed, as was all the chest; she scratched it, and the day before it began to assume its present parchment-like appear-

ance. No discharge had taken place, and it was not painful. The legs presented traces of rupial eruption, and were a good deal discoloured. Both labia were swollen and hyperæmic, and their mucous surface covered with white epithelium. The urine contained some albumen. The following day a patch of altered skin was observed on the right side of the chest, nearly on the same level as that on the left, about three-quarters of an inch from the median line. It extended some two and a half inches horizontally, and, at its outer part, consisted of an interrupted streak of redness, with slight roughness of the surface; the inner part, a quasi-triangular patch, reddish and rough, the chief redness being at the margin. Below the left clavicle there was also a patch of marked redness, with papular elevations—certainly not there two days before—it was of irregular shape, with some small outlying detached patches. A sinapism had been applied near this part some days previously, to the top of the sternum, but the skin there is unaltered. The original patch under the left mamma showed increased redness; some formation of pus and increased separation of epidermis at the margin, the central portion being darker in colour, quite dry, and more depressed. On the third day, the ulcerative furrow round the dry slough was observed to be deepening and widening, but the redness did not extend. The altered patch on the right side was now raised along the margin, and in the red streak showed indistinct minute vesicles, while the middle of the patch looked more opaque than usual, as if it would be separated. On the fourth day, two small vesicles could be distinguished on the patch below the clavicle, and the redness was lessened in extent. On the sixth day the slough separated naturally, leaving a red, irregular, depressed, dry surface; the red patch under the clavicle had its epidermis detached over a considerable extent, the surface below remaining thinly covered with epithelium, and red; the streak and patch to the right of the median line not vesicated, the redness removable by pressure, and the patch, which was growing parchment-like, being distinctly possessed of sensation.

On the eleventh day, the original patch of gangrene was covered with greyish-yellow scabs, there having been some discharge, and the healthy skin round the margin distinctly raised; the one under the clavicle disappearing, and the one on the right of the sternum showed red staining and alteration of epidermis. There was also some erythema and red papular eruption on the middle of the chest, which did not develop further. When discharged, about a fortnight later, the patch of skin where the slough separated was smaller, still very red,

and partly covered with rough scaly epidermis. The staining and congestion of the portion on the right side continued.

The attack of typhoid upon which the gangrene supervened was not one of extreme severity, and the history of the case throws little light upon the cause of the death of this portion of tissue. It seems probable that the woman had at one time suffered from syphilis. The hair falls off in continued fever and in syphilis, and in this case it might be that the whole thickness of the epidermis of limited portions might die from mal-nutrition.

Another case in which there was somewhat similar destruction of the skin, and which was suspected at the time as possibly induced by artificial means, deserves to be recorded in connection with this. The patient was a girl of 15, and the eruption was stated to have commenced in the left arm, some time before she came to the Hospital. When first seen there was a patch with an elevated ridge, something like the remains of a syphilitic tubercle, said to have been like a boil at first, which broke and spread. On the forehead were five dusky-red spots, limited, depressed, with adherent scabs on two: these had existed for five weeks. On the right forearm there were numerous large patches of superficial ulceration, covered with a thin layer of what appeared to be desiccated pus and epidermis; the patches imperfectly circular, the size of a florin, and with curious outrunners, as if the discharge had run down and excoriated the parts. When the patches dry up, they appear depressed. When forming, the patch shows as a red circumscribed area, with the outrunners well marked, and the middle occupied with superficial ulceration, which spreads gradually all over it. A "drawing" pain was described as accompanying the eruption. The girl stated that her health had never been good; she had suffered from gatherings on the fingers and from boils, but denied the possibility of syphilis. The catamenia were irregular, and she was troubled with sick headaches. When she attended, ten days later, she exhibited four recent patches on the right upper arm, and one on the forearm, which gave the impression of having been produced by some external irritant. The patient was not seen afterwards.

The extreme rarity of white gangrene of the skin gives to the preceding cases an unusual value. Very few examples of this affection have been recorded. Sir Benjamin Brodie seems to have been one of the first to observe it in a case given in his Lectures on Mortification (*Medical Gazette,* vol. xxvii.). He describes it as a peculiar species of dry gangrene of the skin, and alludes to two other cases of a similar nature which

had come under his notice. In the instance of the disease which came under his own care, the patient was a delicate girl of 14, pale and languid. She had some eruption on the arm, but of what character is not stated. When this disappeared, she was suddenly seized with pain, limited to one single spot on the forearm. The pain lasted three hours and then subsided, but the skin of the part to which the pain had been referred, for about the size of a shilling, remained white and shrivelled. The skin was dead, and in a short time became hard and straw-coloured, like parchment, showing the vessels injected with coagulated blood. The slough separated, leaving a superficial ulceration which readily healed. Before the sore was well closed, however, the patient had a second attack of pain, referred to the margin of the cicatrix, and this was followed by a second slough similar to the first, round the seat of which it formed a complete circle, there being, however, a narrow band of sound skin between. A third concentric gangrenous ring appeared round the second, and subsequently other and larger patches formed at different spots. Dr. Hilton Fagge gives an account of a case under the care of Dr. Habershon, in the Guy's Hospital Reports for 1868. The patient was suffering from an eruption of purpura on the arms, legs, and thighs. He had had syphilis some twenty-five years before. Nearly every one of the patches on the legs appears to have been the centre of a gangrenous spot. As in the case given by Sir B. Brodie, the death of the part took place in one patch by the formation of concentric rings of gangrene, but the sloughs did not separate. The eruption was remarkably symmetrical.

Dr. Fagge quotes also the case published by Dr. T. Morley Rooke, in the *Lancet* for 1864, under the title of Erythema gangrenosum. In this extraordinary case, no less than thirty-six patches were observed; but in some of them the affection was limited to an erythema which subsided, the skin resuming its healthy condition. The region of the mamma seems to have been first affected, and the disease symmetrical, corresponding parts on opposite sides of the neck, chest, breasts, abdomen, and thighs being attacked. The patient was capricious, irritable, and hysterical, and Dr. Rooke appears to have suspected that the affection might be intentionally set up by the patient herself. Dr. Fagge remarks that in the Guy's Hospital Museum there is a model of the arm of a young woman showing gangrene of the skin, believed by Dr. Addison to be the result of the application of some mineral acid. The first case here recorded, under Dr. Handfield Jones, may, however, be accepted as a genuine and undoubted

instance of the spontaneous occurrence of gangrene of the skin. The case seems beyond suspicion. The woman was lying almost helpless in bed, at the end of only the third week of typhoid fever, and it is utterly improbable that she should be able to carry out such a deception under the circumstances in which she was placed. Dr. Habershon's case may be also accepted as genuine on similar grounds. The case of Dr. Handfield Jones resembled that of Dr. Habershon, related by Dr. Hilton Fagge, in the debilitated condition of the patient in whom the disease was developed, and in the previous existence of syphilis. It differed, however, in the absence of purpuric spots, in the separation of the slough, and in the non-formation of concentric gangrenous rings, which, however, took place in Dr. Habershon's case in one patch only. To that described by Dr. Rooke it showed many points of similarity. There were the same symmetrical patches of erythema, appearing first under the mammæ, some of which underwent no further development. Neither, however, spread by concentric sloughs, as in the cases of Habershon and Brodie. The latter is the only instance in which pain in the part is stated as a symptom, and in this the slough separated, and the sore healed, as in the case of Dr. Handfield Jones. Sudden death of the tissue from mal-nutrition occurring in conditions of great debility seems to be the only explanation we can yet give of the pathology of this curious and rare affection.

Note.—The Department for Diseases of the Skin in St. Mary's Hospital is under the charge of Dr. Handfield Jones, with myself as his assistant. For many of the cases and much valuable matter in the preceding report, I am indebted to the kindness of my colleague.—W. B. Cheadle.

ON THE PRURIGO OF HEBRA.

By J. L. Milton, Surgeon to St. John's Hospital for Diseases of the Skin.

IT has more than once struck me with surprise that authors professedly familiar with the works of Hebra had never observed that the disease described by him is not only distinct, especially in relation to its course and prognosis, from what we call prurigo, but quite unknown in this country. I sought to call attention to this fact in a paper written for the *Medical Press and Circular* some two years ago, and I had occasionally

in conversation pointed out the distinction between the Austrian and the English disease; but so far as I know, the observations fell to the ground. I was, therefore, not a little gratified, on reading Mr. Hutchinson's "Norwegian Notes," in the *Medical Times*, to find that he had, on independent grounds, arrived at the same conclusions as myself. Speaking of Hebra's account of the disease, he says:*—

I think it will be granted by English observers that cases fitting with this description *are very rare.* I have myself been carefully on the look-out for such, and have found *very few indeed.* Two recently under my care, to which I was disposed for some time to give this name, were afterwards proved to be attended by body-lice, and in all probability caused by them. Yet in Vienna Hebra speaks of the disease as frequent, and refers to an experience of thousands.

Dr. Bidenkap, who formerly studied under Hebra, showed me two patients in whose cases this diagnosis had been given. One was a girl of about fifteen, and the other a lad a year or two older. Both had suffered for years, and in both, from scratching, &c., the skin had become thickened, of a deep brown pigment, and spotted with small whitish but indistinct scars.

In both cases I thought there was good reason to suspect scabies; indeed, in one it was known to have been present, and both were to me suspicious of pediculi. We talked over these conjectures, and Dr. Bidenkap alleged, with much force, that if any large proportion of the cases of Hebra's prurigo are really badly-cured scabies or pedicularia, then ought that malady to be very frequent in Norway, whilst, in truth, it is very rare.

The state of skin in Dr. Bidenkap's two patients, as regards pigmentation and evidences of scratching, very much reminded me of some of Hebra's plates illustrating the eruption consequent upon lice, and I cannot still help feeling some suspicion that, after all, a local, and not a constitutional, cause may possibly be at the bottom of the matter.

Of course, observation alone can settle this point; but in the mean time I may remark that Hebra denies that prurigo is, or ever can be, caused by any kind of insect (durch irgend eine Gattung Epizöen†). It is a disease of the skin, he says, in the strictest sense of the word, and never arises from external irritation. It is the result of an inborn tendency to the disease; the germ of prurigo exists in the child in every instance. ("Jede Prurigo ist schon beim Kinde vorhanden.")

Hebra describes‡ prurigo as "a peculiar disease of the skin, characterized by the development of small papules of the same colour as the healthy skin or slightly reddened, and violent itching, corresponding to the description by Willan of prurigo mitis and prurigo formicans," the only forms which

* *Medical Times and Gazette.* 1869. Vol. II. p. 44.

† Handbuch der speciellen Pathologie, 3er Band, 3e Lieferung, S. 490.

‡ Op. cit., p. 478.

he recognizes. The symptoms, as given by him, are an eruption of small sub-epidermal papules, rather to be made out by the feel than the sight, isolated, the skin between them intact, causing violent itching, the summits occasionally crusted with blood. With the long continuance of the complaint ensues a dark staining of the scarf-skin, and the natural furrows, lines, and shallow pittings in the skin become deeper and stand further apart, particularly in the fingers, backs of the hands, and wrists. With time, the skin becomes harder and thicker. Many patients never suffer more than this; but in prurigo agria or ferox, the symptoms, though the same, are far more severe; the papulæ are larger, the itching more intense, the excoriation more extensive. The whole of the epidermis is converted into a kind of white, flour-like dust. Sometimes symptoms like those of ekzema rubrum are added, or pustules may appear and even assume a confluent form, *so that a tract of the epidermis may be undermined by suppuration. Many cases might be taken for ichthyosis, ekzema, impetigo, or ecthyma.* It may attack the face, but the scalp escapes; the hair, however, of such patients is dull, quite without sheen, feels dry, and frequently looks as if covered with dust. The skin of the lower parts of the legs is often as rough as a file; *when the closed fingers are passed over it, there is a sound as if they had been drawn across a short bristled brush, such as a nail-brush for instance, or a piece of coarse packing-paper, and a pricking feeling is felt in the tips of the fingers for some time after!* The extremities are generally the parts most affected; flexion surfaces, such as the armpit, &c., are seldom, if ever, attacked. When there are many pustules on the extremities, the corresponding lymphatic glands swell. When the feet are thus invaded, the glands in the groin may enlarge to such an extent *that the mass protruding above the level of the skin is as big as a man's fist!* and they take on this change in a more symmetrical manner than in any other disease.

The complaint begins to show itself in early life. It is often milder in summer and after a good deal of hot bathing. He has not found either that it tends to bring on dropsy, mania, and tuberculosis, as imagined by some authors, or that it wards them off. The sufferings of the patient, however, are so atrocious, that it is no wonder his mind gives way sometimes. Its tendency to induce suicide he thinks has been greatly overrated. That it should bring on weariness of life is only natural. "If we look," he says, "at the existence of a patient afflicted with prurigo, even as a child constantly harassed both by schoolmasters and playmates for scratching himself; if we view him later in life, especially if

he belong to the working classes, and be not in a position to have a bed to himself, grumbled at by his bed-fellows, and even banished from their society—partly owing to dread of infection, partly to their sleep being broken by his incessant scratching—if we contemplate him in still more advanced life (particularly should he be in a good position) looking upon himself as *an object to be shunned by all the world*, and dreading to make himself a home or take to himself a wife—the weariness of life in one so frightfully tortured can be easily understood." Yet, strange to say, the patient endures life even under these circumstances, and Hebra tells us that he has only known one case of suicide from prurigo.

Prurigo altogether, as I understand Hebra, is utterly incurable, and he thinks* it is much to be regretted that this fact is not pointed out in a sufficiently emphatic manner in any dermatological work! For incurable it is; the patient may do what he likes, his malady will follow him to his grave, and only those who are unacquainted with the course of the disease would use such an expression as that of its being difficult to cure, seeing that this would imply the possibility of removing it in some few instances. Many other writers have drawn pictures of prurigo which are gloomy enough, but none that can be compared with this by Hebra, which is shaded in with such sombre hues that the mind can scarcely realize the idea of sufferings which might vie with those described in Dante's "Inferno." Hope is out of the question, and art, regarded as a curative power, is useless, whereas the two writers who, perhaps, after Hebra, take the gloomiest view of the inveteracy of the complaint, and of the little control over it exerted by medicine—Willan and Rayer—express themselves in a very different way. The former distinctly says† that even prurigo formicans is not unfrequently cured by a course of treatment (which he speaks of) in the short period of a month or six weeks, and that "sea-bathing has also, in some cases, entirely removed the complaint," while Rayer's statements go no further than saying that prurigo senilis often resists the best-directed treatment.

The only instance I have ever seen in which I thought I could detect even the germs of the disease described by Hebra was the following:—

Alfred B., aged 5 last birthday, was brought to St. John's Hospital, April 2nd, 1869. The skin was in hue almost like that of some mulattoes; I could only compare it to a tint

* Op. cit., p. 482.
† On Cutaneous Diseases, p. 78 and 79.

between citron and olive; in texture and feel it resembled that seen in ichthyosis in the young. From the lower part of the back of the neck to the lowest part of the left scapula, and from the spine to the point of the left acromion, the skin was thickly sown with papules. They were small and reddish; the tops had been torn off by scratching. But for this they might have been very fairly compared to the papules of prurigo senilis as seen in Willan's plate of that disease. The mother described the itching caused by these papules as being of the most rabid description; it began to be manifest so soon as ever the lad was able to scratch himself, and since that time he had never passed a night without lacerating his skin. The papules had begun over the ridge of the scapula, and had never extended beyond the district which I have described. There was not a single sign of scabies. The boy had always enjoyed good health in every other respect, and had suffered from no illness except chicken-pox and measles, through which he passed very well. A brother, a year or two older, who had much the same peculiar colour, had never shown any signs of skin disease.

He was placed on full doses of arsenic, which were continued three times a day with great regularity. By the beginning of August the disease had in a great measure yielded, and five or six weeks later it had quite disappeared, the itching of course going with it. Since then the boy has remained well.

It may be said that the symptoms here were due to pediculi, but I submit that there must be another and more potent factor in the case. When the patient was first brought to me I had his shirt taken off and thoroughly examined; I believe I searched every fold of it, but I found no traces of lice. At a subsequent period, without giving the mother any warning, I repeated the process, but with the same result. There were some nits in the back hair, and the mother had occasionally detected a louse or two, but I need scarcely say how common such things are in the heads of children, whereas this is the only instance I have seen of these symptoms in more than 10,000 cases of skin disease. According to my experience, lice only set up irritation in their immediate vicinity; here a distant solitary part was affected. The child was evidently, for his station in life, kept very clean and well attended to. Finally the disease passed off under internal treatment only, no external means whatever having been employed, so that its removal was not due here to the destruction of the parasite by topical applications.

ON THE PATHOLOGICAL PHENOMENA ACCOMPANYING NEUROSIS OF THE SKIN; with Suggestions as to Treatment. By Erasmus Wilson, F.R.S.

A LADY, aged 70, consulted me in the early part of February, 1869, for an intense itching or pruritus of the skin, chiefly distributed upon the upper and lower extremities, but also presenting itself occasionally on the trunk. The pruritus had existed in its present severe form for six months, but the suffering was on the increase. The patient was somewhat plump in person, of healthy appearance, and the skin was remarkable for its well-nourished and healthy aspect. With the exception of the pruritus, she considered herself well; and all her functions were properly performed. But the itching destroyed her rest and comfort completely, and seriously disturbed her sleep.

The case differed from ordinary prurigo in the healthy character and freshness of the skin. There were no dryness, no wrinkling and shrivelling, no discoloration, no stains, and consequently but few papulæ, none with blackened heads, and no traces of scratching, although the patient was unable to forbear from rubbing her skin perpetually. But the chief objective characters presented by the skin were, erythematous blotches somewhat related to urticaria, hyperæmic papulæ, and scattered vesicles, ranging in size between one line and three. The development of the vesicles was preceded by redness and pruritus; they were scattered over the arms and legs, and in some few situations congregated in clusters of three or four. They were most abundant and largest upon the hands; and there were three, each of which had reached the size of a hazel-nut. The contents of the vesicles and small bullæ was a transparent fluid, which dried up, when unbroken, into small amber-coloured scabs. To enumerate the lesions present in this case: there were, erythematous blotches, hyperæmic papulæ, and vesicles resembling those of herpes, together with some degree of swelling of the pruriginous parts of the skin, and especially of the hands and fingers. And, looking to the character of the chief subjective symptom, namely, the pruritus, it was burning, tingling, pricking, and shooting; showing that not only the superficial plexus of the nerves of the skin was affected, but also the peripheral ramusculi supplying that plexus. The patient was

also tormented with sudden lancinating pains, having reference to deeper and larger nervous twigs, and compared her sensations to being pricked with the points of thousands of needles, and sometimes to being stabbed with a knife.

Looking to the diagnosis of this case, it was clear that it was one of neuralgia cutis, accompanied not only with the papulæ and peculiar stinging pains of prurigo, but also with the evanescent erythematous blotches of urticaria, and, besides these, with the vesicles of herpes. And there was pretty clear evidence presented of the mutual relations subsisting between prurigo, urticaria, and herpes, and of the dependence of these forms of disease upon disturbed innervation.

The medical history of the lady showed her to have been the victim of nervous debility for the greater part of her life. In her younger days she started at sudden sounds and sudden appearances; the movement of her cap-string would make her turn round in alarm, believing that some one was approaching her; and yet she has had and reared a numerous family. At one period she was confined to her bed for many months with an attack which seemed to be partly neuralgic and partly rheumatismal; and on another occasion it was thought necessary to administer morphia by subcutaneous injection for the relief of neuralgia. And although she states six months to have been the period of duration of the present attack, it has really been in existence in a less degree for two years.

With the preceding history of the patient's health before me, I prescribed citrate of iron and quinine; then, quinine with sulphate of magnesia in infusion of roses; next, liquor arsenicalis, at first in three and then in nine-minim doses three times in the day; afterwards, two grains of quinine every two hours; together with bromide of potassium, hydrochlorate of ammonia, the compound soap pill with henbane, and liquor opii sedativus, twenty to thirty minims at bedtime, with thirty to sixty minims of tincture of henbane and one drachm of syrup of poppies; while, locally, she was anointed with zinc ointment and carbolic acid, and unguentum staphisagriæ; sponged with lotions and liniments of tar, and creosote; and emulsion of bitter almonds, with hydrocyanic acid. Lastly, upon a sudden aggravation of the symptoms, and under the torments of itching, the skin was painted with tincture of iodine, and with a solution of nitrate of silver in nitric ether, rising in strength from ten to fifteen grains to the ounce.

Like most neurotic affections, there were periods of comparative ease and periods of intense aggravation; and the general irritability of the whole system was greatly increased by nights of restlessness and perpetual stinging. On one

occasion, when the pruritus in the legs, with blotches of papulous and tumescent erythema, and clusters of small bullæ, was more than ordinarily severe, I enveloped the limbs in waterproof lawn with temporary relief, but without any real benefit; and the treatment was succeeded by some degree of œdema, which continued for several days. But with this exception there has been no œdema of the integument, only a slight degree of swelling, originating probably in cell-distension.

Having in my mind a strong conviction of the neurotic seat of the disorder in this lady's case, and having failed to procure any relief from the already mentioned remedies, the liquor arsenicalis having disagreed with the stomach and requiring to be discontinued at the end of a few days, I determined to test the capabilities of large doses of quinine: ten grains were administered at bedtime, with seeming advantage; on the following day she took fifteen grains, and, on the third day, twenty grains. On this latter day the pruritus had ceased, and she expressed a feeling of complete relief; but every now and then she experienced sharp, deep-seated, or, as she called them, stabbing pains in different parts of the body; and it seemed as though the cutaneous nerves were benumbed, but that the pathogenetic principle was still active in the deeper nerves. At this time she complained of severe pain in the occipital region, extending to the shoulder, and narrated the fact that she had suffered severely from occipital neuralgia of the opposite side of the head two years before. However, three days later erythematous blotches were seen on the skin, and it became evident that the occipital and humeral neuralgia was the precursor of herpes zoster, which occupied that portion of the integument supplied by the ascending and posterior descending branches of the cervical plexus. The ulcerations caused by the herpes were troublesome for several weeks, particularly on the patches situated upon the parietal bone and beneath the jaw; and the pain was wearing, and often intense. Besides the skin, she complained of pain inside the mouth, and of stiffness and pain of the side of the tongue.

We had now acquired a remedy, which I felt would control the pruritus whenever necessity required its use; and on several occasions I had the opportunity of putting it fairly to the test. I directed that ten grains of quinine should be given whenever the existing symptoms threatened a restless and sleepless night; and that it might also be given once additionally, and if necessary twice in the day. One day, when I paid her a visit, I found her very restless; twitching

every now and then in her chair, jerking her shoulder or her head, and carrying her hand perpetually to some irritable spot of skin; I requested that she would take ten grains of her remedy instantly; and in a few seconds she was in a state of general repose and calm. It seemed possible to check the irritability of the nervous system in an instant, and that for the future, with ten grains of quinine as a part of her ordinary daily fare, or at hand when required, she might regard her nervous system as completely under her own control, and her cure as complete. But there was another side to this pleasant picture; there was the possibility of quinine, if used too frequently, losing its influence, and there was the fact that quinine had its inconveniences as well as its attractions. The first large dose, benumbing the auditory nerves, gave rise to deafness, which continued for some time, but, curiously, was not aggravated by successive large doses; then the remedy destroyed appetite, also probably on account of its benumbing effect on the pneumogastric nerves; and subsequently, and most important of all, it occasioned nausea and vomiting. Nevertheless, with all its faults, quinine has become indispensable to this lady, and although generally very much relieved from her neurotic symptoms, she is still obliged to take it from time to time.

It must not be supposed that I relied exclusively on the treatment already mentioned; during the progress of the case I had the advantage of the opinion of Dr. Radcliffe, who thought there might possibly be some gouty influence, which predisposed to the neurotic suffering. There was certainly an excess of urea in the urine; and she was subjected, in accordance with this view, to a severe dietary regimen, together with appropriate medicinal remedies, but without any satisfactory result.

The principal points illustrated by this case are the dependence of certain lesions of the skin upon a morbid state of nerve-function; the lesions in question being erythema, sometimes papulous, sometimes tumescent; herpes; large vesicles; small bullæ; and an œdematous state of the tissues. Such lesions in a minor degree and to a less extent are occasionally met with where pruritus exists, and is referrible to causes which act as irritants of the nervous system. Of this kind, for example, are the vesicles and sometimes the bullæ of scabies, wherein the cause is external; and such also is the affection described by Hardy and myself, and which has been diversely named herpes pruriginosus and pemphigus pruriginosus. The substantive diseases present in this case were *prurigo* and *herpes;* and omitting the latter, which pursued its

ordinary course, we should regard the disease simply as a *prurigo* complicated with erythema, hyperæmic papulæ, vesicles, bullæ, some degree of œdema, and neuralgia.

I will now pass on to the consideration of another case, which I regard as *prurigo* complicated with ekzema. The patient, aged 33, the wife of a physician, was introduced to me by her husband on the 30th of April, 1869. She was thin and pale, with a carriage which betokened lassitude and prostration, features contracted by exhaustion, and the hyperæmia of gutta rosea covering her nose. She complained of restless and sleepless nights, disturbed by pruritus and the exaltation of pruritus to the extent of nearly producing phrensy. At the hands of her husband and his friends she had run the gauntlet of ordinary remedies, and had pursued the orthodox methods without result. Nevertheless, I fancied that my ferro-arsenical drops might still be efficacious, and I prescribed them accordingly, ordering, locally, ablution of the irritable skin with the juniper-tar soap, and subsequent inunction of the oxide of zinc ointment in combination with the juniper tar. A fortnight later, it became necessary to stop the arsenic, and to prescribe an aperient. I selected that of sulphate of magnesia in infusion of roses, with quinine; and, with the view of attacking the neuralgic element of the affection, I prescribed ten grains of quinine to be taken at bedtime every night.

On the 5th of June I was favoured by her husband with the following note, which records a brief history of her previous state, and of the results of the treatment:—"When my wife consulted you a short time ago she had been suffering for nearly a year, to the most intense degree, from itching arising from ekzema of the anus and vulva. She had tried arsenic and various other remedies with occasional temporary relief. Under arsenic she improved, but was obliged, after a short time, to discontinue its use, in consequence of the intestinal irritation it excited. You, upon first seeing her, ordered arsenic in three-drop doses of Fowler's solution. After taking it for three weeks it began to irritate considerably, and the patient was not in the least better. You then ordered her to take ten grains of quinine in a wineglass of sherry every night at bedtime. She took it for four successive nights, and then left it off, feeling herself comparatively well. Upon each occasion of taking it, in about ten minutes, she experienced a complete sense of relief, and *a delightful feeling of quiet and prostration.* She took at the same time the aperient mixture twice a day. About a fortnight has now elapsed since taking the last nightly dose of quinine, and she has hardly felt any itching since, and

has had no severe attack. With many thanks for what appears to be on the eve of a complete cure, I remain, with very great gratitude," &c.

I may add to the above, that not only did the pruritus cease, but that, having ceased, the ekzema took its departure spontaneously; appearing, as I believe to be the fact, to have been kept up by the neurodynic affection of the skin.

REVIEWS.

Annales de Dermatologie et de la Syphiligraphie. Par le Docteur A. Doyon. Victor Masson et fils. Vol. I. 1869.

OUR French rival has reached the completion of its first volume. The present number (No. 6) contains a letter from Dr. Galligo to Dr. Diday, on the prophylaxis of venereal and syphilitic diseases; a clinical lecture by Professor Hardy, the first of a course delivered at the Saint Louis Hospital, and reported by M. Babaut; part of a lecture by Dr. Alfred Fournier, delivered at the Lourcine Hospital, on syphilitic analgesia; a review of a treatise on the affections of the skin, founded on the doctrines of Bazin, by Dr. Baudot, with reviews of journals, embracing Dr. Kohn's experiments on the use of phenic (carbolic) acid in certain diseases of the skin and in syphilis; scabies in the rabbit and ferret; several cases of pemphigus; recurrent small-pox; and scarlatina, croup, diphtheritis, and parotiditis occurring together in the same house.

Hardy opens his lecture by referring to the frequency of diseases of the skin; the importance of distinguishing and knowing them; the neglect with which they have been generally treated; and the high character which the clinical instruction at Saint Louis has ever maintained, through the genius of Alibert, Biett, Gibert, Cazenave, and Devergie, a tradition which it is his emulation to maintain. But that that genius has been exerted to little effect would seem to be proved by the subsequent observations of the Professor, wherein he urges the necessity of determining the causes and the nature of a disease with a view to arriving at a conclusion as to its prognosis and treatment. To British understanding, such a contention would seem to be utterly uncalled for, as there is not a student amongst us who is not thoroughly familiar with

the fact that he must *know* a disease before he can hope to give an opinion with regard to it, or to treat it effectually. It is not sufficient, Hardy observes, to assign a name to a disease, to recognize its elementary lesion, to be aware of its constitution of vesicles, scales, or papules; the problem is more complex than that; we must *know its nature,* whether it depend on local and accidental causes or upon constitutional diathesis, such as herpetic, scrofulous, or parasitic. Nothing, he says, can be more false than a special cutaneous pathology: a disease of the skin is identical, as to its pathological laws, with a disease of the thoracic organs, or of the alimentary canal. These are the somewhat old-fashioned doctrines which especially characterize the British school; they are the doctrines which we have always taught and been taught from our childhood's days, and are, as we believe, generally acknowledged and acted upon by our countrymen. We are glad to see that they are at last finding their way into France, although at present encumbered by such algebraic terms as dartrous, herpetic, arthritic, parasitic, and so forth.

He introduces the illustration of his lecture thus:—"We have here a patient of good constitution and vigorous; two years ago he was an inmate of Saint Louis, for an eruption consisting of red spots covered with white scales. In three weeks the eruption had disappeared, with the exception of some red patches on his elbows and knees. However, the disease did not leave him entirely, and at present the spots have increased and become multiplied on different parts of the body; among others, upon the scalp. Some are as small as pins' heads, others as big as a lentil or a five-centime piece." We wish our colleague would rise above the vulgar habit of comparing the size of eruptions to special objects; who but a Frenchman is likely to know the size of a five-centime piece; and yet Hardy speaks and writes, as we hope for the world, and not for France alone. We know his retort; the size of a halfpenny is sometimes appealed to by our own people, but we trust that this unprecise and unscientific method will quickly cease. The Frenchman has his millimètres recognized by the universe, and we have our twelfths of an inch or lines.

But, to our patient:—"The spots are prominent, have a red base, and are almost entirely covered by white, adherent, moderately-thick scales; and these are their three principal characters,—prominence, colour, and squamation. Looked at from a distance, the spots resemble dabs of plaster, or drops of wax fallen from a candle; and, examined closely, they are found to be lamellated, adhering more and more firmly the nearer we approach their base, and increasing in number of

layers with the length of duration of the morbid process. Sometimes the border of the patch has a reddish-brown hue, of greater or less extent, and sometimes this reddish-brown hue remains after the fall of the scale."

The case is evidently one of lepra Græcorum, the lepra of Willan and ourselves; the lepra of Biett—we write without book, and therefore under correction—and of several other distinguished dermatologists of the French school; but Hardy, in conformity with the *new continental school*, calls it, as we believe without grounds to warrant the change, psoriasis. We have before us here, he says, an affection which presents itself with spots, puncta, and patches of greater extent and their difference of aspect constitutes "varieties of the disease." Would it not be more correct to say, varieties of manifestation of the disease? Have we a variola punctata, a variola papulosa, a variola vesiculosa, a variola pustulosa, and so on? The answer is obvious; and another question remains—why, then, should we speak of varieties of a disease when variety of manifestation is alone meant, and in some instances, as in the case before us, variety of development and growth? The varieties which he indicates in the present instance are:—punctata, a term he ascribes to Devergie; guttata, diffusa, gyrata, and circinata or lepra vulgaris. But how does psoriasis circinata contrive to be the synonym of lepra vulgaris, when the rest are not admitted to the rank of lepra at all? It is evident that there are a few creases in the fabric here that require to be smoothed out, and no doubt will be so in due time?

We need not follow him in his explanation that the pigmentary coloration sometimes present in lepra has led to its being mistaken for dermato-syphilis; neither need we explain the basis of his differential diagnosis between lepra and desquamating syphilis, ekzema, pemphigus foliaceus, and pityriasis. With regard to prognosis, he remarks, that although not serious and not prejudicial to health, lepra is remarkable for its rebellious behaviour in respect of treatment; it may be made to disappear, but cannot be said to be absolutely curable, and it has an unconquerable tendency to relapse. After the first attack it may vanish more or less completely for months, sometimes for years; but it is pretty sure to return, and when it does so, it is ordinarily with redoubled severity, and its relapses are more and more frequent. Very commonly it reappears at the end of six or fifteen months, and the more resistance it shows to dispersion, the more quick is it in its return. Lepra is influenced to a considerable degree by season; it usually breaks out at the beginning of winter, and lasts during the cold

weather; while more rarely it breaks forth in the spring and subsides in the autumn. Not unfrequently it manifests no hereditary origin, and this phenomenon in association with its tendency to relapse, indicates a constitutional bearing, and brings it into the category of dartrous affections, whose especial characteristics are—chronicity, tendency to relapse and to spread, pruritus, and hereditary source.

In the treatment of lepra, the most powerful remedy, and the one most commonly employed is arsenic; this, says Hardy, I use in the form of solution, the dose being one centigramme of the arseniate of soda daily. It may also be given in pills, or the arseniate of iron may be preferred to that of soda; but pills are not so trustworthy as a solution, from the difficulty of equalizing the dose. Under the use of arsenic the skin loses its redness, the scales disappear, and the prominence of the spots subsides.

Side by side with arsenic Hardy places copaiba. On one occasion he had in his wards a patient suffering under gonorrhœa at the same time with lepra. Proposing to himself to remove the gonorrhœa before engaging in the treatment of the lepra, he administered copaiba, and to his astonishment the eruption disappeared at the same time as the discharge. Copaiba is known to exercise a powerful influence on the skin; and since this event he has adopted it as one of his means of treatment, prescribing from two scruples to a drachm daily in conjunction with opium.

Phosphorus has also been administered by Hardy in cases of lepra, and under its use he has observed the spots to pale, the elevations to subside, the scales to be shed; but he has seen no cure result from phosphorus alone, and it has been necessary to conjoin with it an external treatment. Commencing with a very small dose he has raised it gradually to one centigramme daily.*

In the not unimportant matter of local treatment, Hardy prescribes baths, ointments, and strict regimen. The baths which he prefers are those of starch, bran, and vapour; while tar occupies the first place among the ointments, ordinary tar ointment containing one-fourth to one-half of tar; or juniper tar, the huile de Cade, one part to six or four of lard. In addition to the tar applications, he mentions ointments of sulphur, of nitrate, protioduret, binioduret, and sulphocyanuret of mercury (1 ad 30), and one of nitric acid (1 ad 30); and he mentions besides, painting the patches with tincture of iodine.

* Hardy observes that phosphorus has been used for the purpose in England.—*Vide* Journal of Cutaneous Medicine, vol. ii. p. 304.

In Britain we should sum up our dietetic management very briefly—wholesome diet and avoidence of excess. But Hardy, ranking lepra among dartrous affections, regards a severe hygiene as necessary to combat the diathesis; thus he prohibits high-flavoured food, shell-fish, fish, pork, game, salted meats, spiced sauces, undiluted wine, coffee, and alkohol, as also severe labour and late hours. And he would avoid as much as possible mental emotions, whether pleasurable or distressing. This regimen he thinks necessary to accelerate the cure of the disease and shorten the period of relapse.

Unwittingly we find that we have indulged so freely in the analysis of our colleague's lecture that we must now close our further examination of the number of the journal before us; but we cannot do so without a word of congratulation to the editor on the well-merited literary success of his undertaking, and a cordial shake by the hand.

Contributions to Dermatology, Ekzema, Impetigo, Scabies, Ekthyma, Rupia, Lupus. By SILAS DURKEE, M.D., Consulting Physician of the Boston City Hospital, &c. &c. Boston, 1868. pp. 76.

SILAS DURKEE is a name thoroughly well known to dermatologists in every part of the world, and not better known than respected by all those who have had the good fortune to peruse his writings. That which stands at the head of the present review is a reprint from the pages of the *Boston Medical and Surgical Journal,* and is devoted, as its name imports, to a selection of dermatological subjects, subjects of prominent and very considerable interest. The author, in his acceptance of the significance of these diseases, is a firm disciple of Willan, and we have only to regret that he has not thought proper to carry his adhesion to that great authority one step further, and adopt his nomenclature in reference to lepra, the *lepra of the Greeks;* he would then have been more classical and not less truthful, and would have missed the occasion of casting an undeserved censure on an absent colleague. "It seems unphilosophical," he says, "to hold that one disease can be converted into another, and yet Wilson leans to this view." But Wilson in reality protests with all his might against such an unwarranted judgment, and correctly uses the term "psoriasis," as he believes, namely, as synonymous with chronic ekzema; and the transition of an

acute ekzema into a chronic ekzema is a thing not so remarkably astonishing.

Durkee is so far modern in his views that he adopts, as the three forms of ekzema, the erythematous, the encrusted, and the squamous, and, for practical purposes, the division of the disease into acute and chronic; but he is inflexible in his belief that the strict pathological lesion of ekzema is a vesicle, and the papulæ which make a part of every eruption of ekzema indicate merely an arrest of development of the vesicle; nay, more, he assures us that if these papulæ be slightly punctured, a serous humour will make its appearance, in proof of the exudative character of the lesion. He remarks very truly, that an obvious distinguishing character between the ekzema infantum and ekzema adultorum is the absence in the former of the extreme state of thickening, condensation, and infiltration, which are met with in the latter. The eruption, he says, commences in the infant at the fifth or sixth month, a period corresponding with the first dentition; but this opinion fails to correspond with our own experience in the matter, which points to an earlier date, and to an error of nutrition as the primary cause. And he favours in a considerable majority of cases too exclusively the idea of hereditary tendency; seeing that pretty constantly one child only out of a family is the sole sufferer. On the subject of the repercussion of ekzema his opinions have changed of late years, and he is inclined to think that certain dangerous consequences may result from the too sudden arrest of excessive exudation; or, as we might say, from the too sudden disturbance of the balance of function, a law which regulates most other diseases, as well as ekzema. We do not attach any importance to Caillault's case, because the provocative of metastatis was monstrous, and the shock sufficient in itself to excite disease in a distant although intimately allied organ. And the frequent presence of ekzematous inflammation in the pulmonary mucous membrane sufficiently accounts for the substitutive function existing between the lungs and the skin. The argument to be deduced from all this is, that we should handle disease like intelligent physicians, and not like ignorant blunderers. It would be difficult to point out any disease the treatment of which did not demand judgment and caution. But Durkee should remember what the bolder character of the modern treatment of ekzema was intended to combat; namely, the let-alone policy which was growing to be insufferable, the essence of which was, that the parents of a child attacked with ekzema were cautioned against any interference with it, were advised to leave it alone, and then, as their reward, some day, when the first or second dentition was

complete, or puberty or menstruation established, or manhood or womanhood attained, why, then, that the ekzema might possibly depart of itself. It is these follies of the past which have contributed, perhaps, almost as much to the bolder, the more judicious, and the safer practice of the present day, as the progress of knowledge itself. The question of the contagion of ekzema, the author settles so completely that we prefer to let it stand in his own words:—"In the case of the ekzematous child, it is certain that it can and does inoculate itself; and the same acrid discharge, when long or often in contact with the skin of a healthy person, may act as an irritant, and produce an eruption. Such instances have transpired within our own knowledge; and, it is presumed, have been observed by the readers of this communication. *And yet, in the ordinary sense of the word, ekzema is not contagious.*" And he draws into the argument the example of the rhus rhododendron, the poison-oak or vine, the simple contact with which, in certain constitutions, gives rise to "itching, inflammation, and vesicular eruptions," a state of the skin closely resembling ekzema; and that in the presence of an ekzematous diathesis, might and would be a real ekzema. And yet the most enthusiastic contagionist would hardly venture to assert that the patient had *caught* the disease from the plant.

In his treatment of ekzema and its allied affections, Durkee proceeds with caution and judgment. He recognizes the constitutional relations of the disease, and endeavours in the first instance to secure the healthy function of the digestive, the assimilative, and the emunctory organs, by means of diet, hygiene, and aperient remedies; and, these objects accomplished, he has recourse to tonics and specifics. His favourite aperients for children are magnesia and calomel; and for adults, the sulphate of magnesia; and his favourite tonic for children, the syrupus ferri iodidi, which is laxative and diuretic, and by its laxative action helps to relieve pruritus. Arsenic, he thinks, should not be administered to infants under a year old; he reserves it for the chronic and squamous stage of the affection, and believes its action to be improved by the addition of iodide of potass. Where there exists any prejudice to, or intolerance of, arsenic, the perchloride of mercury may be had recourse to. The author believes it to be "much safer than arsenic, and it has proved efficacious in many obstinate cases of this complaint, as well as in other eruptions of a chronic type; it may be continued for many months, with only occasional intermissions." In the instance of adults, after the use of mild aperients, he administers half a drachm of the tincture of the hydrochlorate

of iron three times a day, to which, where there is much pruritus, he adds five minims of the tinctura aconiti radicis. Where there is feverishness, he has recourse to two-drachm doses of liquor ammoniæ acetatis, to obtain its diaphoretic and diuretic qualities, or effervescent salines. His other remedies are: the mistura ferri composita, the syrup of the iodide of iron, citrate of iron and quinine, and cod-liver oil. And when the functions of the body are normal, the eruption is chronic, and exudation has ceased, he ventures on arsenic, in a dose not exceeding fifteen minims of the liquor arsenicalis daily. But to the liquor arsenicalis he prefers an Asiatic pill, of which the following is the formula :—Arsenious acid, gr. vij ; Pulveris piperis nigri, extracti conii, aa ʒj : divide in pilulas no. 100. Each pill contains $\frac{1}{14}$th of a grain of arsenic ; and he recommends that one pill be taken daily, directly after breakfast, for fifty days, and subsequently every other day. Durkee expresses a timidity as to the use of arsenic, which, with the majority of English practitioners, we hold to be unfounded ; for with proper care we can conceive no medicine more safe. He himself, even, speaks in no measured terms of the virtues of his Asiatic pills, which, "when prescribed in the manner directed, will in very many cases exert a sovereign power over the disease, and thus prove their claim to our confidence when all other remedies have failed."

In reference to local treatment, Dr. Durkee gives a preference over other remedies for allaying pruritus and inflammation to a solution of bicarbonate of soda, one drachm to a pint or three-quarters of a pint, with the addition of half an ounce of the liquor sodæ chlorinatæ ; the latter to correct fœtor. The solution is to be used with oiled silk like a water-dressing, and the stronger solution adopted where crusts are to be removed preparatory to further treatment. The next remedy that he mentions is the benzoated ointment of oxide of zinc ; and where the eruption is limited in extent, and actively exudative, an ointment of carbonate of lead (ʒij), with creta præparata (ʒiv), to two ounces of simple ointment. For the tender and inflamed surface which is exposed by the removal of crusts, he employs a liniment of camphor (Ɔiv), oxide of zinc (ʒj), and glycerine (ʒiv). Sometimes, for allaying irritation, he has recourse to liquor plumbi with cream (ʒj ad ʒiv) ; to the linimentum calcis with linseed oil, or to an ointment of chloroform (ʒj ad ʒj). And if on the decline of the eruption there remain infiltration and thickening, he recommends that the surface should be painted three or four times a day with a solution of chloride of zinc, of the strength of ten grains to the four ounces.

These are the remedies suitable for infants, and for the more active stages of the disease in the adult; but for the various chronic forms met with in the latter, and for particular symptoms and states he advises stronger applications. In chronic thickening of the scalp, he prescribes a liniment composed of camphorated oil (℥iij), oleum Cadini (℥j), and unguentum hydrargyri nitratis (℥ss). In a state of chronic inflammation, with slight thickening, he prefers Hebra's tincture of soap, tar, and alkohol; and where the thickening is greater, with infiltration and exudation, a solution of caustic potash, ranging in strength from half a drachm to one drachm to the ounce; and in slighter cases the liquor potassæ of the Pharmacopœia, the former applied twice in the week, the latter twice daily, and followed by a dressing of the oxide of zinc ointment. For pruritus he recommends hydrocyanic acid (℥j), with oleum Cadini (℥j), soft soap (℥ij), and water (℥vj); or hydrocyanic acid with liquor plumbi and glycerine in almond emulsion. Other antipruritic applications are: a solution of sulphate of zinc, gr. iv—v ad ℥j; chloride of zinc, gr. xx ad ℥j; or a lotion of cyanuret of mercury, gr. vj; glycerine, ℥ij; and water, ℥iv. Where there is much pruritus, with infiltration and thickening, as sometimes occurs in the scrotum, he finds creosote of service, either in the form of ointment or glycerole, ℥ss ad ℥j.

For ekzema palpebrarum, with the synonyms ekzema tarsi and *psoriasis* tarsi, a recognition, as we take it, of the identity of ekzema (psora) chronicum and psoriasis, the author prescribes an ointment of the red oxide of mercury, or a collyrium containing one grain of the chloride of zinc to four ounces of water. He remarks on the frequent association of ekzema labiorum and ekzema ani, or the substitution of one for the other, and suggests for the former a cerate of oil, yellow beeswax, new honey, and oxide of zinc. And the same cerate he finds the most suitable for ekzema mamillarum and ekzema meatûs aurium. In the treatment of ekzema crurale, he insists upon decubitus; removes incrustation with the solution of bicarbonate of soda; and relieves infiltration by frictions with soft soap, repeated several times a day.

Durkee's description of impetigo is not so happy and distinct as that of ekzema, and evidently includes a variety of eruptions having the common lesion of an outbreak of pustules. Thus, under the head of impetigo figurata, we recognize the eruption known at present by the name of kerion. When its crusts are removed, "the secretion from which they are formed is found to proceed from numerous points on the surface of the inflamed and denuded corium.

The parts in the immediate neighbourhood of the crusts continue red, inflamed, shining, and tender, and bear traces of the morbid action for several weeks, or even months, after the formation of the scabs has ceased." While impetigo of the face embraces several varieties of eruption, which are commonly described as forms of sykosis. The treatment of impetigo is very similar to that of ekzema, with the addition, in the adult, of remedies which are very commonly prescribed for sykosis. In children, after due attention to hygienic conditions, the medicines recommended are, syrup of the iodide of iron, and liquor arsenicalis, with the external application of a diluted red oxide of mercury ointment; whilst for adults the enumeration embraces the liquor arsenicalis, Asiatic pills, cod-liver oil, tonics, and especially the tincture of the sesquichloride of iron. And locally, the author recommends the local steam-bath, followed by ointments of the red oxide of mercury, iodide of lead, iodide of sulphur, and a sulphur ointment in combination with the chloride of ammonia. As the latter ointment is declared by an eminent surgeon to possess the power of "curing anything," we will furnish our readers with its formula, namely :—Pulv. ammon. chloridi, ʒj; Olei camphorati, ʒj; Glycerini, ʒ ij ad iij; Sulphuris sublimati, ung. simplicis, aa ʒj: Misce. When a soothing application is desired, the best will be found to be one drachm of liquor plumbi to two ounces each of camphorated oil and lime-water.

Of *scabies* the author writes :—

> We recognize scabies as we do the familiar features of an old acquaintance, not from a minute examination of the individual traits, but by the general aspect. Indeed, diagnosis in all skin diseases is much facilitated in this manner, to say nothing of the broader basis upon which our conclusions are thus made to rest. It is safe, then, if in the presence of other well-pronounced symptoms there is a failure for some reason or other to detect the furrows, to still adhere to our opinion that the disease is scabies, since our general convictions are often the most reliable ones in such cases.

There is good sense in the above quotation, but we cannot so easily agree with our author that—

> "in no other cutaneous disease is the pruritus so intense as it is at times in this;" and the less so when we find him observing that the pruritus in ekzema "amounts to a painful smarting sensation, and scratching does not relieve but rather augments it; whereas in scabies the sensation is not altogether unpleasant, and a thorough application of the nails is an efficient and delightful remedy."

Of the treatment of scabies, we shall allow him to speak in his own words :—

> Alkalies form the base of nearly all the parasiticides in use for the cure of

scabies. They are the most reliable, the safest, and least obnoxious to all parties. Sulphur has been regarded as a specific in this disease ; but as it is in nearly all cases combined with lard and potash or some alkaline ingredient, the inferences drawn from its use are not wholly conclusive as regards its curative agency. Alkalies not only act upon the epidermis, and destroy and remove its superficial portions, but are amongst the most deadly parasiticides which have yet been discovered. They are cheap, cleanly, and always at hand whenever needed.

Soft soap, Dr. Durkee believes to combine all the properties the most desirable for the treatment of scabies ; and he refers to the results of observations made, at his suggestion, by Dr. Damon, upon a population infected with scabies by the return home of soldiers from the Union armies.

From the several hundred cases thus treated, Dr. Damon reports to me the most satisfactory results. In no instance has he known this remedy to fail when it has been thoroughly applied ; and rarely, if ever, is there any ekzema in consequence of the application of the common domestic soap to the skin in the treatment of scabies. The proper mode of applying it is as follows :—Suppose the hands, wrists, &c., to be the parts involved in the eruption ; the patient is to rub upon them about a common tablespoonful of the soap, using brisk friction at the time. Let the soap remain on until it produces a pretty severe smarting or tingling sensation ; it may then be washed off with warm water, and the parts wiped dry. The same process is to be used for any part of the surface, if necessary. Sometimes one application is sufficient, sometimes two or three may be required, and may be repeated every third or fourth evening. These will be enough to cure all ordinary cases. . . . . There is a difference in individuals in regard to the length of time they can allow the soap to remain on comfortably to themselves. Those of peculiarly nervous temperament, or very delicate skin, can tolerate it only a few minutes, while others can bear it two or three hours before washing it off. For infants and very young children, an ointment containing from ten to fifteen grains of the iodide of potassium to the ounce of lard, and applied every second or third night, is a perfect parasiticide in scabies. In recent cases a single application is often sufficient.

In the instance of ekthyma and rupia a more important question arises. We have long considered that the term rupia should be restricted to the syphilitic disease which goes by that name ; and for a similar reason, a broad line of distinction should be drawn between the ordinary cachectic ekthyma and ekthyma due to the syphilitic cachexia ; in a word, that it is unwarrantable, at the present day, to confuse dermato-syphilis with any other affection of the skin. The same reasoning applies to lupus. Lupus is very generally ascribed to struma or scrofula ; and whether we agree or not as to our comprehension of the condition so named, it is certain that we

mean by those terms something in its nature very different from syphilis, and something demanding a widely different method of treatment. We have a group of affections originating in struma, another in syphilis, another in cancer, and so on, and they admit, if we take the trouble to seek for it, a strong line of demarcation the one from the other, although the whole may possess one common type of degenerative tissue, referable to disorder of nutrition.

In the treatment of lupus specific constitutional remedies are uncalled for, the proper medication being that which is best suited to give tone to the system and vigour to the entire economy. In the local treatment of lupus erythematosus, Durkee relies chiefly on the iodides, and for that of lupus non exedens, and lupus exedens, on caustics, followed by the chloride of zinc, the acid nitrate of mercury, or the red iodide of mercury. In lupus erythematosus, if there be smarting and burning, he pencils the surface with equal parts of borax and diluted hydrocyanic acid, or applies an ointment of oxide of zinc with three grains of sulphate of morphia to the ounce; and for radical treatment he causes desquamation of the morbid surface by a strong iodine solution, and then applies a compress of liquor plumbi, and if the latter be not successful, then one of nitric acid; or, after causing desquamation by means of a solution of caustic potash, he dresses the part with an ointment of iodide of sulphur, iodide of mercury, or iodide of lead.

We have endeavoured to show our appreciation of our colleague, and our estimation of his ability, by the careful digest which we have given of his opinions and practice; and we take heart for the progress of practical dermatology when we find able men like Dr. Durkee applying themselves earnestly to the advancement of our science, by the investigation of the common diseases of the skin.

The Structural Lesions of the Skin; their Pathology and Treatment. Illustrated. By HOWARD F. DAMON, A.M., M.D. Philadelphia. 1869. Pp. 255.

AT page 159 of the present volume of this Journal we drew the attention of our readers to a work by Dr. Damon, entitled, "The Neuroses of the Skin"; and we announced his intention of treating diseases of the skin, with

the exception of dermato-syphilis, under four heads, namely:—1. Neurosis of the skin; 2. Functional diseases of the cutaneous glands; 3. Inflammations of the skin; and 4. Structural lesions of the skin. The latter of these divisions is the one which we have at present before us; and we accept it in the words of the author, "as a brief exposition of a large and important class of cutaneous diseases." We could have wished that it had consorted with his views to have been less brief in his exposition, as the subject is really too important and too extensive to be narrowed within the limits of 250 pages of large type, leaded lines, and broad margins. His illustrations, five in number, are devoted to three subjects only, congenital canities, cutaneous horn, of which there are two examples, and elephantiasis Arabum, the veritable bouknemia. While his subject is distributed under three heads, namely:—hypertrophies, atrophies, and pathological new formations; with an appendix, entitled, "Brief Histories of Human Horns," and a somewhat lengthened bibliography.

America is about to take up her position in dermatography, and, if we may judge from the examples of the labours of her sons that from time to time come before us, and the high intelligence of her people, we may be permitted to prognosticate that her position will never be a secondary one. It would be invidious to select names when so many and such able workers are in the field, and all that we can desire is that America will not content herself with an inferior standard when a higher one is within her reach. One of the expressions of a high standard will be a well-chosen and, as far as is possible, a classical terminology. The JOURNAL OF CUTANEOUS MEDICINE has lost no opportunity of bringing this question before the Profession of Medicine, and has declared its conviction that we should labour not only to attain the most simple and truthful idea of the subject before us, but that we should endeavour to give voice to our ideas in the most correct and pertinent language. An author who takes a proper pride in his literary undertaking would seek for the exposition of his opinions the best paper and the best type he can obtain; how much more then is it to be desired that for the elucidation of his ideas he should aim at employing the best, the most elegant, and the most expressive language. We refer to terminology at present, because Americans in general are apt to be careless on this point; and, with the manly intent of giving the most decided and vigorous expression to their ideas, to treat with disregard the refinements of language. But it must also be borne in mind that the language of the ancient populations of the earth is really not our own, or if we

have made it ours by the conquering power of education, that we are bound to treat it with the utmost respect, to use it and not to abuse it, and to inquire of ourselves, from time to time, how its original possessors would have regarded our employment of it. These reflections are forced upon us when we see Dr. Damon inventing a new word, as, for example, "epiderma," which his lexicon will tell him was never so spelt by the Greeks; and again converting the words fibroma, lipoma, epithelioma, and melanoma into the plural by the addition of the letter s; instead of the more correct and euphonious:—lipomata, epitheliomata; and so on. Neither can we be accused of being hypercritical if we prefer sudoriparous glands to sudoriferous, and sebiparous glands in lieu of sebaceous.

The "hypertrophies" embrace the subdivisions:—epidermis and papillary layer taken together; the sudoriparous glands; sebiparous glands; blood-vessels; tegumentary tissues generally; nails; hair; and pigment. The "atrophies" include those of the papillary layer; nails; hair; and pigment. While the "pathological new formations" consist of the fibromata; lipomata; epitheliomata; melanomata; and osteoidea, or calcareous deposits in and upon the skin. The principle of this arrangement is that which is adopted in the classification of Hebra, and a primary objection is open to it in the fact of the separation of the diseases of a particular organ, and the necessity of seeking them in different parts of the book; let us instance hypertrophy of pigment and atrophy of pigment; or, again, hypertrophy, or rather increased quantity of hair, and atrophy of hair, by which the author signifies deficient quantity. Again, by this arrangement, diseases are brought into forcible contact with each other which have no physiological or pathological relationship; take, for example, the members of the group of hypertrophies of the epidermis and papillary layer; we shall find, on the one hand, warts and corns; a real hypertrophy of the papillary layer of the derma and the epidermis, in juxtaposition with cornu cutaneum, a disease of the follicles resulting from excessive secretion; and ichthyosis, a defective nutrition of the entire skin, an atrophy, in fact, with epidermic accumulation. While in the group of "pathological new formations" the association is still more heterogeneous; lupus by the side of cheloma; elephantiasis Arabum, a mere local disease, by the side of a constitutional disease, a blood disease, elephantiasis Græcorum, and the simple and the harmless united with the noxious and the fatal in the instance of the lipomata on the one hand and the epitheliomata and the melanomata, the cancers of the skin, on the other.

We make these observations, not in disparagement of the labours of our author, which we fully appreciate, but simply because the question of *the best plan of arrangement for embracing the whole of the affections of the skin* is an important one as regards dermatology. That the best plan for the purpose is not that selected by Dr. Damon we are convinced; but we are not equally prepared, at any rate just at present, to suggest one which shall be free from every objection. We would urge him, in continuance of the task which he has set himself, to give time and careful attention to the subject, and enable his countryman, Dr. Weisse, to make the announcement that his work is not only "the first American work on Dermatology" in point of time, but the "first" also in reputation.

De la Contagion, Seule Cause de la Propagation de la Lepra. Par le Dr. Ch. L. Drognat-Landré. Paris. 1869. Pp. 80.

WHEN, upwards of twenty years ago, the famous report on Spedalskhed, by Danielssen and Boeck, was published by the Norwegian Government, the declaration was made that Spedalskhed, that is, the Elephantiasis of the Greeks, the great leprosy, was not contagious, and that the spread of the disease was attributed to hereditity. In other words, that the disease of itself was not transmissible; that that which was transmitted was the diathesis, and that a variety of hygienic causes, acting on the diathesis, became the exciting cause of the disease. Moreover, that the diathesis itself had a double origin; most commonly it was hereditary, but in some instances it was engendered spontaneously, taking its rise in hygienic conditions.

The practical inference deduced from these premises was, that, there being no contagion, isolation was uncalled for, and that the cure of the disease was to be effected by prohibiting the marriage of members of diseased families, and by generally improving the hygienic condition of the population. This, of course, would not check entirely the spontaneous origin of the disease, but it would greatly contribute towards doing so.

But it is, at the same time, necessary to say something as to the kind of hereditity that was observed: it was ascertained, for example, that the propagation of the disease was more common on the maternal than on the paternal side, and also, that it was more common in the second generation than

in the first. It was, in fact, a hereditity of selection; the children of diseased parents might remain healthy all their lives, but the disease would be very likely to be revived in the children of these last, even although the parents escaped. In leper establishments, where they existed, the children were always healthy at birth; and not unfrequently they missed the disease altogether.

The natural history of Elephantiasis, therefore, presents some curious phenomena. For example, 1. the children of leper parents are born healthy; 2. the children of leper parents may remain healthy for their whole lives; and 3. the disease is more liable to be manifested in the grandchild than in the child. Then, in addition to these peculiar laws of the disease, we may add, that it occasionally presents examples of spontaneous cure; and, furthermore, it has been observed in China to wear itself out in three or four generations, and be no longer capable of transmission.

There can be no doubt that the opinions put forth by Danielssen and Boeck have exerted considerable influence upon the minds of subsequent observers, and that it is to this fact we are to attribute the very few suggestions as to any other source of origin of the disease, or to any necessity for isolating the patients, occurring in the Report of the Leprosy Committee of the College of Physicians; as also the decision arrived at by the latter body, that Elephantiasis is not to be regarded as contagious.

In the appendix to the Report of the Leprosy Committee of the College of Physicians, we have published fourteen cases of Elephantiasis, of which the following may be taken as the type:—Europeans, sometimes children sometimes adults, residing in infected countries, Hindostan, for example, for a number of years; sometimes born in England sometimes in India; attacked with the disease, the disease running through its normal course to a fatal termination. To what causes, we must ask, is the disease to be attributed in these instances? In these examples there can be no question of hereditity; there is no Asiatic blood in the veins of the patients. The patients have obviously acquired the disease by residence in an infected country. But how? Has it originated from the soil, in a miasma, that is, has it arisen spontaneously? Or, has it originated in contagion? In one instance, at least, we have been forced to the conclusion that the origin of the disease was contagion. And if this be proved to be the case in one example, it may be so in all. But a difficulty arises in these cases, in consequence of the patients taking up their residence in an infected country; and the argument

of spontaneous origin carries with it evidences as strong as that which can be brought to the support of the idea of contagion.

It is just at this stage of the argument that Dr. Drognat-Landré steps in with evidence gathered from a new source, and with the strongly-expressed opinion, that not to heredity, not to miasmatic influence, but to a positive virus, a real contagion, does Elephantiasis alone owe its origin. His evidence is interesting, is valuable, and, however we may finally decide the question for ourselves, is deserving our careful attention. The father of Dr. Drognat-Landré resided and practised in Surinam for a number of years, and from his intelligent observation our author draws a considerable amount of his information. Surinam is a part of Guiana, situated on the north-east coast of South America, and lying between the second and sixth degree of latitude north of the equator. It is largely covered with forest and marsh, is an unwholesome climate, and especially so on the banks of its rivers. The aborigines of the country are Indian tribes, of which the chief are the Warrauws, the Caribs and the Arrowaks. Among them, Elephantiasis or Boasi, was entirely unknown, and remained so until it was introduced into the country by negro slaves, at about the middle of the 17th century. The first known colony of the country was a party of sixty Englishmen, who took up their residence on the banks of the Para, a tributary of the river Surinam, in 1630. In 1644 there was an emigration from the Brazils of Portuguese Jews, accompanied with a considerable number of slaves. While in 1655, in the reign of Charles II., there existed between forty and fifty sugar-plantations, all of which were cultivated by negroes. Between the years 1682 and 1730, the Dutch West India Company held the monopoly of importation of negroes from Africa, and, although at the latter date the traffic was made free, the Company was still bound to import not less than 2,500 annually.

In the beginning of the eighteenth century, attention was drawn to the fact that many of the imported negroes were suffering under *boasi* or elephantiasis, and frambœsia or yaws; and shortly after, namely, in 1728, a law was passed to prohibit the intercommunication between the negroes and the rest of the population in the city of Paramaribo. In 1763, restrictions were placed on the importation of diseased negroes; and in 1790, in consequence of the great increase of elephantiasis, and its spread among the white population, a leper hospital was established for the negroes on the banks of the Saramocca, and the infected whites were ordered to quit Paramaribo and seclude themselves as much as possible.

Some idea of the progress of the evil may be formed from the computation of the number of patients in the hospital of Saramocca at this time. Thus in 1795 there were 200; in 1797, 300; in 1808, 400; and in 1812, more than 500.

In 1799, Surinam came into possession of the English, and at this time there were imported from Barbadoes a considerable number of persons afflicted with bouknemia (spargosis, elephantiasis Arabum), which had been heretofore unknown. During the English rule, the restrictions on the lepers were relaxed, with a consequent increase of *boasi*; and several instances were observed of the presence of boasi and bouknemia upon the same patient. In 1816 the Dutch resumed their sway, and the state of the population in reference to leprosy was more closely looked into. The disease was found to have increased very much among the mulattoes and amongst the Jews: two leper hospitals were established for the two Jewish nations; and a new hospital, called Batavia, was opened on the Coppername river for negroes. In 1851, the number of patients confined in the Batavia establishment was 461; in 1853, 448; and in 1857, 386. Of the latter number, 245 were lepers, 26 were suspected only, and 113 were free from disease. Twenty-four only of the 245 lepers were of leprous parentage; 145 of the total 386 were born in the establishment, of whom 113 were healthy, 20 suspected, and 12 only actual lepers; of the 115, regarded as healthy, 78 were derived from a leprous stock, and 16 out of this number were known to have remained free from the disease for upwards of thirty years.

Now, from this state of facts, from this curious history, what are the inferences to be deduced. A country free from leprous disease is invaded by lepers; the leprosy increases among the people originally affected, probably in virtue of some law of hereditity; but it also spreads to other races, amongst whom leprosy is unknown. In this latter case, hereditity is out of the question. As the disease is unknown to the country, it cannot emanate from that second cause, a malaria, the supposed spontaneous origin of the affection. And, consequently, but one other explanation is possible, namely, that it proceeds from contagion. It is no argument to say that elephantiasis is not contagious in Norway, because the disease may present differences of character in different countries. Even our own limited experience of the disease has shown us a difference between the elephantiasis of the West and that of the East Indies. And we may possibly discover also some striking variations of character in the Surinam leprosy as compared with that with which we are more familiar,—differences, it is true, not intrinsically dependent on the nature of the disease, but upon

the constitution of the patients. Nor can we so easily divest ourselves of the idea of contagion even in Norway. How are those cases to be explained which are clearly independent of hereditity ? is the possibility of contagion, even of a modified type, so utterly impossible ? If, indeed, the idea of contagion be once entertained, even to a limited extent, and under the influence of extraordinary circumstances, the barrier, which has heretofore resisted so stoutly the recognition of that means of transmission of the disease, will receive a rude shake that will tend to precipitate its final downfall.

Our author adduces twelve cases, observed by himself, in support of contagion : these cases are sufficiently remarkable to deserve special notice. The following is an abstract of nine out of the twelve :—

1. A young lady, born in the colony, of Dutch parents, was attacked with leprosy in her childhood. A slave, on her death-bed, confessed to the young lady's mother, many years after, that she had often brought the child into contact with a leper.

2. The daughter of a retired major was sent to a school kept by a widow, an European. The widow's son presented early symptoms of elephantiasis, of which he ultimately died. The two children were much together, and the little girl, some time after, became attacked with the disease. The mother of the little girl took the disease from her daughter; next, the major became affected; and subsequently, another little girl, a play-fellow. Four persons in their turn were infected from one and the same source.

3. A young lady succumbed to leprosy at the age of from 23 to 25 years. Several years afterwards, an old negress who died in the Batavian Institution confessed to one of the officers that she had frequently taken this child to the house of a leper, believing her to have been the child of the officer to whom she narrated the fact.

4. A little girl, the child of a superior officer, associated very constantly with the daughter of the major already spoken of; she also was attacked, and died of the disease.

5, 6. A member of the courts of law had four daughters, of whom the two elder were seized with leprosy, and died at the age of 19 and 22. The eldest was suckled by a negress who suffered severely from the disease, and died of it ultimately. The second daughter was suckled by her mother. The disease manifested itself for the first time in the daughters after they had left school.

7, 8. The daughter of a solicitor, having lost her mother, was suckled by a negress; she had a companion of about her own age, the child of a member of the Colonial Council; the

children played with a little negro boy who was suffering from incipient symptoms of leprosy, and was subsequently sent to the leper hospital. Both the girls took the complaint. At 16, the disease was strongly marked in the first mentioned; in the other it was manifested between 11 and 12, and at 20 she died.

9. A physician noticed, on the thigh of one of his children, a boy, aged two years, a small red spot; other spots showed themselves in the course of time, and at the age of six the disease was fully confirmed. The boy died of dysentery, epidemic at the time, at the age of 12; he had been several times taken to the house of a leper.

Now, these are extraordinary cases, very unlike anything that has been seen in Norway, or observed in this country, or reported from the East; but if they be faithfully recorded, and there seems to be no reason for thinking otherwise, they convey a seeming certainty of the transmission of the disease by contagion. Nevertheless, they come before us as startling events; and although we are willing to bear them in mind, to make them known, to give them all the prominence which the author can desire, yet, at the same time, he must not be surprised if we express a necessity of having them further corroborated—at some future day.

Remarks on the Use of the Bromides in the Treatment of Epilepsy and other Neuroses. By W. B. KESTEVEN, F.R.C.S.E. 1869. Pp. 11.

MR. KESTEVEN, in a short paper read before the Medico-psychological Association in April, 1869, drew attention to the importance of the Bromides, and especially to that of the bromide of potassium, in the treatment of certain neuroses, including epilepsy, laryngismus stridulus, convulsions, chorea, nervous headache, and even melancholia and acute mania. The bromides of iron, of ammonium, and of potassium, he observes, have been known to the practice of medicine for about thirty years, and, like other new remedies, have experienced the ups and downs of fashion and prejudice. "Precision in the employment of our remedies" he conceives to be an object of the first importance to the successful issue of our therapeutical treatment of disease, and certain observations reported in his paper illustrate very satisfactorily and conclusively the capabilities of the bromides. In works on materia medica, the bromide of potassium is stated to be

alterative, deobstruent, sedative, calmative, and soporific, while an American author, Dr. Bill, speaks of it as being an anæsthetic of the mucous membranes.* Mr. Kesteven's favourite average dose is twenty grains twice in the day; this dose may be continued for a long period of time without inconvenience; and he has never seen drowsiness resulting from its use excepting where it had been so continued for a lengthened period.

It may be hardly necessary to follow the author through the detail of his cases, brief though they be; it is sufficient to say that after the administration of a dose of the salt ranging from 15 to 30 or 40 grains twice in the day, several very chronic forms of idiopathic epilepsy disappeared, as though by the word of command; the report in each instance being—health and memory improved and mental depression gone. The bromide of potassium is known to exert a special influence on the skin, and this fact, in addition to its neuro-tranquillizing properties, have obtained for it several notices in this Journal; † notices that are not wholly disinterested, since we think it probable that it may some day prove itself to be a valuable cutaneous remedy.

Voisin has recently described several forms of eruption occasioned in the skin by the administration of the bromide of potassium, and similar facts have been recorded by others. All these cases are examples of *folliculitis*, sometimes simply hyperæmic and sometimes pustular, and admitting of explanation by the adoption of the principle of operation suggested by the author; while he himself records, as a fact "worth noting, that an inveterate eruption of akne, one of the reputed sequences of the use of bromides, has almost cleared off, since the health of the patient has improved under the use of the bromides, the dose of which I have increased to thirty grains twice a day." The patient was a man, 40 years of age, who had been subject to epilepsy since his infancy.

After referring to the probable dependence of sleep upon diminished circulation through the brain, and epilepsy, chorea, and some other convulsive disorders upon arrest of circulation through portions of the great nerve-centres, Mr. Kesteven concludes with the following aphorisms relating to the *modus operandi* of the bromides:—

1. That by reason of their possessing a special influence on nerve tissues, and upon the vaso-motor nerves, whereby they prevent sudden arterial con-

* *Vide* Journal of Cutaneous Medicine, vol. ii., p. 451.
† *Vide* vol. iii., pages 312, 328.

traction, we have in the bromides most valuable remedies for certain affections of the nervous system.

2. That in order to obtain their full therapeutic powers the bromides must be given in large doses, and their use prolonged.

3. That where these medicines are not efficacious to work a cure, their influence is sufficient to diminish the severity and prolong the intervals of epileptic seizures.

In concluding our brief notice of Mr. Kesteven's researches into the therapeutical capabilities of the bromides, we deem it our duty to thank him for the light which he has thrown upon the properties of a remedy that promises to be a valuable acquisition to us all.

On Neurotic Cutaneous Diseases, including Erythema. By HENRY SAMUEL PURDON, M.D. London. 1869. Pp. 116.

THE gist of Dr. Purdon's essay is to show that as nerve irritability lies at the root of many affections of the skin, such affections may be assembled together as a separate group, under the name of "neurotic diseases." Thus, he says, erythema is a hyperæmia resulting from extreme dilatation of the cutaneous capillaries, consequent on vaso-motor paresis; therefore erythema must be regarded as a neurosis; and in addition to erythema, he draws into the same group hyperæsthesia and anæsthesia; his examples of hyperæsthesia being herpes, pemphigus, urticaria, prurigo, and dermatalgia. But, on the other hand, it may also be said that the nervous system, and especially the vaso-motor system, enters as a cause into the pathological process of every disease of the skin; and therefore, granting his premises, no single cutaneous affection should be omitted. Are not the phenomena of ekzema and lepra as much the result of aberration of nerve-function as erythema? Wherefore, then, is erythema to be forcibly carried off from its place among the group of inflammations of the skin? We suspect that the only answer that Dr. Purdon could give to this question would be, that as urticaria and herpes are essential to the constitution of his group, erythema, which is too intimately allied with those affections to permit of its separation from them, must, therefore, reasonably or unreasonably, be forced to the front, and placed at their head.

The term "neurotic" has heretofore been used in a different sense, namely, as having reference to *disorders of function of the nervous system,* for example, in its application to the skin,

of sensation. Thus, in a work by Dr. Damon, reviewed in our July number (vol. iii., p. 159), the four physiological conditions represented by the terms sensibility, secretion, nutrition, and structure, are taken as the groundwork of a classification of diseases of the skin; these four physiological states being the basis of his four classes: neuroses of the skin, functional diseases of the cutaneous glands, inflammations, and structural lesions. This we perfectly understand as the usually recognised meaning of the term; and we are somewhat startled from our propriety by finding a new and hypothetical meaning imported into the discussion. We accept the diseases of the skin—as inflammations, as neurotic affections, as perverted secretions, and so on,—as *faits accomplis;* but we must protest against an arrangement which is purely theoretical, and too general in its nature to admit of specific application. Even the author himself seems to be confounded by the anomaly; for we find erythema, hyperæsthesia, and anæsthesia on the same line, figuring as analogous diseases; while hyperæsthesia is represented by affections which are generally known by other characters equally important with their neurotic proclivities, for example, herpes, pemphigus, and urticaria. Herpes may be a neurosis, but its neurotic phenomena are not constant, still less so are those of pemphigus; urticaria is more of an erythema than of a neurosis; while prurigo and dermatalgia are decidedly neurotic. Dr. Purdon must have had the idea, moreover, of startling the Willanites by his new classification; for an exanthema, a papulous affection, a vesiculous affection, and a bullous affection, all brought together in the same group, is an anomaly that they could hardly have expected.

We are bound to say that we see no advantage in the grouping which he proposes; neither are we satisfied with the manner or with the method of his book. We like him best at his clinical work, soberly and laboriously collecting facts wherewith to build up a solid bulwark of reputation. He hardly does justice to the therapeutical portion of his book; he interjects too many quotations from a too great multitude of authors, and he is careless of the clerical correctness of his language. We need not say how willingly we would have spoken in other terms of his work, but the truth must not be withheld; and the real wants of dermatology are facts, and not theories.

Discussions on Syphilisation in the Medical Society of Kristiania. Nordiskt medicinskt Archiv. Vol. II. 1869.

WE cannot but admire the earnestness with which our Swedish colleagues have set themselves to the task of discovering a *cure* for syphilis.

It was stated by Dr. Owre that Professor William Boeck's results were not so favourable to syphilisation as that distinguished man had believed; that the recurrence of syphilis in a secondary form was 15 per cent. in lieu of 12 or 13; and that, instead of two recurrences of tertiary syphilis in 500 syphilised persons, he had discovered as many as ten. He agreed with Mr. Gascoyen, "that syphilisation has no curative influence whatever," and asserted that there is no specific cure for syphilis, a conclusion which he deduced from a comparison of the results of treatment by mercury, syphilisation, derivation, sulphate of magnesia, iodide of potassium, diaphoresis, as well as by indifferent and local remedies. The proper treatment for syphilis is expectant, "letting the syphilitic symptoms on the surface of the body vanish partly by themselves, and partly by the aid of topical remedies." He had treated seventy cases of secondary syphilis by means of local remedies only, with careful attention to cleanliness, diet, and air, and had every reason to be satisfied with the results. Every method of treatment was alike as respects the tendency to recurrence of the disease and the contamination of offspring.

Dr. H. Vogt thought that Professor Boeck had not proved the injurious effects of the mercurial treatment; he had simply proved that when used generally in large and frequent doses, mercury would be injurious. For himself, he believed it might be "a good remedy against syphilis when employed in a different manner." He always treated secondary syphilis with iodide of potassium, iodide of ammonium, and sarsaparilla; and, in exceptional cases, he would not hesitate to prescribe mercury. In eighteen cases wherein mothers had been syphilised, their children were born alive, but almost all died afterwards with syphilitic symptoms; whereas, of eight treated by the derivative process with plasters of tartarized antimony, the children survived and remained healthy.

Dr. J. Vogt regarded syphilisation as a kind of derivation, and no more specific than any other method of cure. He thought that it might be best to let the disease have its own way, and he had seen that plan successful in several instances. He prescribed mercury for children, and believed that the present abstinence from the use of mercury was attributable to Professor Boeck's protest against its use.

Dr. Budde treated his patients with secondary syphilis by means of local remedies only, and he believed with as good results as those obtained from syphilisation. Dr. Holmboe in 200 cases had followed the expectant system with sarsaparilla and such-like remedies, and with as much success as he had found to result from other methods.

Professor Lochmann believed that time and experience were both wanting to prove the advantages of syphilisation, "a laborious and difficult method of cure which he would not practise himself, and did not even consider allowable in private practice, from a hygienic point of view." He was not prepared to condemn mercury; they were indebted to Professor Boeck for pointing out the injurious effects of its abuse, but it was going too far to banish it altogether from the treatment of secondary and tertiary syphilis. In mild cases it might be permitted to be content with a local, symptomatic, or expectant treatment; but in serious and progressive cases he would use mercury, with caution, and subsequently promote the elimination of the metal by baths and diaphoretic medicines.

Dr. Bidenkap had gone carefully through the register of the general hospital, and had found sixty-six instances of recurrence of the disease in 545 patients, after syphilisation, or 12 per cent. Syphilisation had been practised in almost every case that had not been previously treated, however severe the disease. Five years ago he had contrasted syphilis with variola. In the latter a virulent poison is produced in a short period of time; the symptoms then cease, and no sign remains. But the organism is no longer the same; it has lost the power of reproducing the virulent matter. In syphilis the poison is produced more slowly; it is interrupted for a longer or shorter time during the latent stage of the disease. Subsequently it ceases to be contagious, but it exhibits other characters: it manifests itself in the deeper tissues, in the parenchymatous organs, or in the nerve centres. Nevertheless, the organization is still susceptible to new virus from the mother, and sometimes from the father; it is apt to be propagated to the offspring, and the virus is engendered anew.

Mercurial remedies generally, if not always, disperse the syphilitic symptoms by stopping the reproduction of virus; but this interruption of a regular series of symptoms is a loss rather than a gain; the disease is not destroyed, it breaks forth afresh from time to time, and penetrates to the deeper and more important organs with more certainty than where other modes of treatment have been employed. It is to Professor Boeck that we are indebted for these observations, and for the statistics upon which they are founded.

Iodine has a peculiar effect on syphilis; it will not break through the series of symptoms during the first stages of constitutional syphilis like mercurials, and therefore will do less harm; but recurrences are more obstinate after the early use of iodine than where no remedies at all have been used, and in anæmic patients the remedy is positively injurious. In the tertiary period, however, iodine will remove the symptoms, the patient will feel stronger, the symptoms will return, again to be banished by iodine, until iodine becomes as necessary to the patient as daily food. Iodine, therefore, is only applicable to a late stage of the disease, when the hope of a radical cure is given up, and then only as a palliative.

Mercury, repeatedly opposed, has become the necessary resort when all other remedies have failed. Sarsaparilla will sometimes remove the symptoms, at other times it makes them worse; and the same may be said of low

regimen and sudorifics, which are not void of effect under certain circumstances ; generally they do little good, and sometimes they do harm.

It is no new thing to let syphilis run its own course ; this practice has been pursued methodically and on a large scale. The non-specific, antiphlogistic, and hydro-therapeutic methods of treatment are based upon the idea that syphilis will cure itself if let alone. Dr. Owre's proposed treatment presents, therefore, no novelty ; it consists of detergent remedies, by means of which some symptoms are removed and others checked, and is wholly inapplicable to the greatest part of the constitutional symptoms, the exanthemata, gummata, affections of joints, &c. Very few, he believed, would adopt this antiquated method in preference to the mercurial treatment. The symptoms that accompany the first eruptions of constitutional syphilis generally vanish on being left alone without any detergent remedies. There is a stop to the development of the symptoms, and nothing remains but a little swelling of lymphatic glands. In most cases, however, the symptoms will recur in some shape or another, and most favourably where mercury has not been employed. At first there may be roseola, tubercula mucosa, and slight affection of the throat, extending over a period of five or six months ; all left without treatment, then a stop for two months. Next, there will be papulous or pustulous eruptions, iritis, with ulcers in the fauces ; expectation is alive again for some months, probably for a year, when another stop occurs. Then follow gummata of the skin and cellular tissue, and new eruptions—another period of expectant treatment. Next will succeed ulcerative gummata, the intervals sometimes longer sometimes shorter. Now and then there will also appear gummata in other organs, cachexia, and death—*this manner of treatment does not seem a progress.*

Dr. Bidenkap thought that the derivative plan of Dr. Hjort was better than nothing, but not worth much unless practised with severity. In the latter stages of syphilis, even when the patients had been treated with mercury, it might be of service, as it was well known that the symptoms at this stage were ameliorated by a constant process of suppuration, and it might perchance prevent the descent of the disease upon the internal organs. Whereas syphilisation is *a real method of cure*, neither derivative nor do-nothing.

The offspring of syphilised mothers are not always and of a necessity syphilitic. Most children born of syphilitic parents who have taken no mercury, will be born syphilitic during the first years following the eruption of the disease ; but after a time the children will be healthy, whether the symptoms in the mothers be present or not. The epoch at which the children become sound would seem from statistics to set in earlier in the case of syphilised mothers than of the unsyphilised. To eighty-two syphilised mothers children were born free of syphilis. And he maintained the opinion that syphilisation was the best method of cure with which he was acquainted.

Dr. Hjort, having come to the conclusion that syphilisation was simply a process of derivation to the skin, had treated cases both by syphilisation and also by plasters of tartarized antimony, a process which had received the name

of derivation ; while in slighter cases he had used local remedies only. He had made up his mind that the advantages resulting from syphilisation and derivation were as nearly as possible equal ; the syphilitic symptoms disappeared with equal rapidity under both ; and both were superior to mercury, particularly in the diminished tendency to tertiary disease ; indeed, the latter had disappeared from the hospitals since the mercurial treatment had been abandoned. Hereditary syphilis was as frequent after syphilisation as after the derivative plan. The slow course of syphilis had suggested the idea of a remedy that would arrest its march : mercury was believed to have this effect ; but mercury, in itself a poison, when joined to the pre-existing evil, added increased severity to the disease, whereas local irritants, in the shape of plasters, tended to save from injury the more deeply-seated tissues and organs, and, at the same time, assisted the depuratory functions of the economy.

Dr. Gjor, drawing his experience from the general hospital, was in favour of syphilisation ; the disease had recurred forty-five times, and in 28 individuals out of 140 syphilised patients ; but the recurrent attacks were usually of the slightest description, although the patients were "puellæ publicæ," and, therefore, much exposed to relapse. He believed that syphilised patients were less liable to recurrent syphilis than those treated by the derivative process ; the recurrent attacks were equally long in duration in both ; and hereditary syphilis was not greater in one class than in the other. He had every reason to be satisfied with syphilisation, which he has practised since 1863.

Dr. A. Holst favoured syphilisation, which he had practised since 1858, but in his experience, most of the syphilised persons were subject to recurrent attacks. He believed that syphilis, like other eruptive diseases, must run through a succession of stages before it could be cured. The test of a method must be its capacity for increasing the interval between successive eruptions and reducing the violence of the disease, and he knew of no plan of treatment so conducive to the effecting of these objects as syphilisation. Mercury had been shown by Professor Boeck to be *not only an unnecessary but even an injurious remedy.* The average course of syphilisation occupied a period of 134 days, while derivation required 157.

Dr. Wilse had relinquished mercury in the treatment of syphilis since 1857 ; his practice was now confined to syphilisation, derivation, and decoctions ; and he considered the first of these as the best remedy.

Dr. Lund, the president, thought that society was much indebted to Dr. Boeck for the discovery of a cure of syphilis which eliminates mercury ; even if some plan, other than syphilisation, should be found hereafter, he believed that mercury would not enter into its composition. Nor did he consider that the expectant or symptomatic plan of Dr. Owre could be accepted without a more complete examination of its capabilities. Nowhere in the world had syphilisation received more attention than in Kristiania, and nowhere could more reliable information with regard to it be obtained.

Professor Voss repeated the opinion he had advanced in 1863, namely, that syphilisation was greatly superior to mercury, and by far the best treatment with which he was acquainted. When syphilis was left without treat-

ment, and also when the treatment depended on mercury, radesyge prevailed, and it became necessary to found hospitals for radesyge; and if we again fell back on the expectant or the mercurial treatment, similar results would follow.

The discussion of which we here furnish an abstract is remarkable for the very general dread that is expressed with regard to mercury. Mercury, it is said, will interrupt the regular course of constitutional syphilis by arresting the production of virus; but as the law of syphilis demands that it must run its course, the future of the disease is only prolonged and aggravated by the temporary and partial alleviation which has been bestowed upon it by mercurial medicine. So it is stated; but we must be forgiven if we ask the simple question, Is it really so? Is mercury the cause of the great evils with which we are threatened; or has mercury, a valuable medicine, been used improperly and ignorantly? And might not an inquiry into the proper use of mercury be still deserving of our investigation—not, we fear, in Kristiania, for there the prejudice against mercury has risen almost to the level of bigotry.

Syphilisation is elevated to the very highest pinnacle, as being *a real cure* of syphilis; possibly that may be the case; because it is supposed to consummate the entire course of constitutional syphilis within the comparatively short space of four months and a half—that is to say, that symptoms, whether secondary or tertiary, that might spread themselves over a lifetime, and that might rise in aggravation from a simple erythema of the skin to complete disorganization of a vital organ, may all be wiped away in four months and a half, and without serious inconvenience, by syphilisation. Or we might put the matter figuratively thus: We are in possession of a horse that is known to be vicious, that will run us into every kind of difficulty and possibly to destruction; but if we subdue the animal at once, he will be our passive and obedient friend to the end of our existence.

But suppose that we object to the inconveniences of syphilisation, what are the alternatives? Why, indeed, there are several. The most approved is *derivation* to the surface by means of plasters of tartarized antimony; and these have been found not only to bring the disease to a healthy conclusion, but they have had the additional credit given to them of keeping the disease on the surface, of limiting it to the skin, and thereby of protecting from injury the deeper-seated and vital organs.

Other alternatives are, the iodide of potassium plan; purging,

sweating, and starving; another, and a chief favourite with some, the do-nothing principle of expectation; and a fourth consists in local treatment, only with proper hygienic precautions. For it has been assumed and stated broadly that syphilis allowed to run its course will expend itself, and end as completely and safely as when it is treated by any of the before-mentioned methods, with the sole exception of syphilisation.

The subject is no trifling one, but demands our fullest consideration; and a weighty responsibility lies on those who withdraw our confidence from our existing means without supplying a sufficient and practicable remedy in their place.

Auspitz on Soap. Reviewed by J. L. Milton.

A BOOK by Auspitz on any subject is sure to contain a great deal of original thought and the results of much hard labour, and it was therefore not strange to find in one of his most recent works * the subject of soap carefully and thoroughly handled. Beginning with pre-saponic days, when ancient people rubbed themselves with sweet-smelling oils and pomades, and scraped themselves in the bath with scraping-irons, he gives us the history of soap. A lye salt, which partly answered the same purpose as soap, seems to have been known in the days of Jeremiah, and to the Greeks, though not till after Homer's time. Pliny is, however, the first author who has the merit of mentioning soap, then known to the Germans, who called it *sepe*, from which, indeed, comes sapo. According to some old Roman writers soap was used to colour the hair, while fuller's earth, potass, soda, and some soapy plant-juices were employed to wash the body. In Pompeii, where lie entombed the prototypes of so many arts, the shop of a soap-boiler was of course found, and soap in it. Paulus Ægineta and Aretæus have something to say about soap, and though we hear little of it in the middle ages, yet the mystery of soap-making never seems to have become altogether a lost art, and most probably descended in an unbroken line to the present time.

"Soap," says Liebig, very justly, "is a standard of the civilization and culture of a state." I would go further, and say it is not only a standard, but an engine of civilization, well

* Die Seife und ihre Wirkung auf die gesunde und kranke Haut. Von Dr. Heinrich Auspitz.

nigh as potent as Carpenter considered the hammer to be. Every guild within the four seas that boasts a crest or coat of arms ought henceforth to bear a cake of soap, as it has powerfully assisted in promoting the first requisite of real civilization, a clean skin; for culture without cleanliness is a thorough imposture. It has helped to make Young England a florid, sweet-smelling, clean young fellow, and the girl of the period, who, despite satirists of the *Saturday Review*, is quite as good as her grandmother, has to thank soap for some part of the charms which make her the fairest creature out of paradise. There is not a more certain sign that the times here are better than abroad than the fact mentioned by Auspitz, that more soap is made and consumed in England than in any other country. As far back as 1850 England consumed the colossal quantity of 168,996,957 pounds, or about 8½ pounds for each person.

Dr. Auspitz goes at full length into the various ways of preparing soap, the hot and cold process, &c. &c., at such length, that I can only follow him very cursorily indeed. Natural fats, he observes, contain the simple fatty matters in different proportions, so that the hard fats, like tallow, consist chiefly of stearine, the softer, like butter, of palmitin, and the liquid fats, such as oil, of olein. They are mixed with lyes containing potass or soda in solution, the strength of which varies as the soap is made by boiling or by the cold process; a much stronger solution being required for the latter, which is, on this account, as well as on every other, decidedly the worse plan of the two. Toilet soaps are generally made with soda. Different fats are sometimes conjoined in one soap, in Germany for the most part before they are saponified, in England after they are made into soap. For the purpose of being scented, soap is now cut with a planing machine into fine shavings, which are then saturated with perfume. Thanks to the miserable folly of those who buy, and the perverted ingenuity of those who make such things, soap can be had of almost any colour, red, golden, aniline, &c., the tint being due to the addition of some useless or noxious ingredient, such as arsenic in green soap, and mercury in the red. Such rubbish is, however, dear, and persons so weak as to buy the trash pay a *great* deal more for bad soap than really good material would cost them.

When well-made soap is kept in a warm place till quite dry it loses 20 to 24 per cent. of its weight, owing to the evaporation of the water; but most of the toilet soaps lose quite 50 per cent. This may hold good of the soaps made in Germany; but I have inquired of Messrs. Pears, the soap-makers of

Isleworth, and they assure me that the soap made for St. John's Hospital contains no free water, and therefore does not lose any weight under such circumstances. This soap, which was first made for St. John's, and is now employed at at least two other hospitals, is obtained by the re-solution in alkohol of a previously prepared soap. By this means it is made transparent, and a large proportion of the excess of alkali common to ordinary toilet soaps is precipitated. A somewhat similar soap in appearance is prepared on the Continent, but with cocoa-nut oil, which gives it a lighter colour, and is therefore preferred by those who judge of such matters by the eye. The substitution of this oil is, however, most objectionable, as the best qualities of the soap are most materially impaired by it. But the cheapness of spirit of wine on the Continent enables the manufacturer to produce it at a lower rate, even than the inferior soap prepared without boiling, or by the cold process as it is called; and cheapness insures a sale. There seems little doubt that the superiority of English soap is due to the boiling; there is, however, plenty of bad soap made in England, but that is owing to the selection of inferior materials, and the rage for producing cheap and useless things.

Soap acts upon the skin by its alkali, which the decomposing action of water sets free, and which neutralizes the acid fats in the secretions. A good toilet soap is neutral; bad soaps act like caustics, and cheap soaps must of necessity be bad, a fact I cannot sufficiently impress upon my readers. But even the best soap Auspitz thinks is imperfect, and washing with it robs the skin of its smoothness and pliability. It would be impossible to say how many soaps there are now made, and which are, not the best, but the worst, for the simple reason that their numbers defy examination, and that an exploded or obsolete nuisance of this kind sooner or later reappears, like the hydra, with sevenfold vitality. It is equally difficult to say which is the best, but I have no hesitation in saying that in diseases of the skin the best soap that I have seen is the unperfumed transparent soap I have just spoken of as being made by Messrs. Pears. At the same time, unless my observations have deceived me, it owes its good qualities simply to its inducing no irritation. As to any healing power possessed by soap, I have never been able to trace the presence of such a quality in the slightest degree. The oil appeared to me, in all the experiments, simply to act by excluding the air, and the green soap used by Hebra is simply a vehicle for retaining the alkali a long time in contact with the skin.

Glycerine soap Auspitz rates very low, one reason for which

is, that he has no faith in glycerine itself; applied to an unhealthy skin, he thinks its power is no greater than that of any simple oil, and all it can do for the healthy skin is to impart a little more sleekness and softness. I should say its power of doing anything of the kind was very questionable indeed; at least, I know that in many scores of observations I never could notice any such effect; all that I could make out was that it did not set up any irritation. Good glycerine soap, he tells us, ought to contain from twenty-five to forty per cent. of glycerine; but it may be stated, without any qualification whatever, that a very great deal of the stuff sold under this name does not contain one per cent., and a still larger proportion is as free from admixture with glycerine as with gold. Indeed, this is only too often the case with many soaps of this class, such as honey soap, rose soap, elder-flower soap, &c. They are stamped and labelled, not according to their contents, but according to the demand in the market. Messrs. J. Bell & Co., the well-known chemists, prepare a soap warranted to contain twenty-five per cent. of glycerine; and Price's solidified glycerine is stated to contain as much as fifty per cent. According to an analysis in the *Lancet*, a specimen yielded 45·3 per cent. But, valuable as these preparations may be, it is questionable if they equal simple solution of glycerine in hot water, used after washing with pure simple soap.

Auspitz says that Chiodi, of Vienna, has made for him what he calls a hygienic toilet soap, which he considers very well adapted for the purpose of making the skin soft and smooth. It fulfils all the conditions required for a toilet soap, and serves as an excellent shield to the skin in some diseases, such as akne, ekzema, &c. It is made with tallow, cocoa-nut oil, potass and soda lyes, oxide of zinc, plumose powder of alum, rice powder, glycerine, citron oil, and oil of roses. The cocoa-nut oil is considered by some of the best soap-makers in England useless, if not injurious, to the quality of soap; and I cannot myself understand how the medicinal ingredients can act as well, or be kept anything like so long in contact with the skin, in the form of soap as in that of ointment or lotion.

The French, Auspitz tells us, were the first to employ soap as a topical application in diseases of the skin, and, following their example, Veiel transplanted the treatment to Germany, where Hebra extended it and reduced it to a system. The principal soaps used expressly for this purpose are the green and black, the potass soap, and that made with cod-liver oil. The green soap, according to him, is not to be relied on;

it is of unequal strength, and frequently contains free alkali—a most objectionable feature. The potass soap he also objects to, because it has to be made by the apothecary, who has not the apparatus for preparing it properly. In order, however, to explain what the beau ideal of the action of soap on diseased skin should be, Auspitz first lays down his own views of the pathology of ekzema, for the treatment of which it is so much employed. He has here discovered a new but not constant morbid secondary change in this disease, namely, the formation of granulations adhering in groups to the walls of the vessels in the web of the cutis. When soap is rubbed hard into an ekzematous patch in its early period, or even when it has become scaly, the serous stage is developed, but by long-continued application of the material an amelioration of all the symptoms is produced, or even complete recovery. The action of soap on the ekzematous skin is threefold, mechanical, chemical, and dynamical. When the upper layer of the epidermis is removed, there is nothing to hinder the alkali from penetrating to the deepest cells of the Malpighian network, and the vessels of the true skin. This penetration is necessary for the beneficial action of the soap, and explains why slight rubbings are often simply injurious, while stronger ones cut short the progress of disease, and relieve or stop the unbearable itching and burning, which they do from the alkali acting directly upon the nerves of the true cutis. What holds good of the action of soap in ekzema is applicable to other diseases. Any soap, he thinks, is equally good for this purpose so long as it contains no free alkali. Sometimes it may be necessary to add sand or pumice-stone. Friction with such a soap must be I should say, much on a par with the method adopted by Job, of scraping himself with a potsherd, or the currycombing in the Roman bath with strigiles. He is of opinion that it is very seldom requisite to use alkaline solutions of such strength as Hebra recommends; they must occasion great pain. He objects to Hebra's test for soap, that it should *taste* sharply alkaline; on the contrary, a soap should be quite neutral, and soap of this kind he recommends unconditionally as an indispensable and principal remedy where the object is to loosen and get rid of the upper epidermis layer, as in stearrhœa, pityriasis simplex, slight cases of herpes tonsurans, &c., and as a preparative remedy in the parasitic diseases of the skin, as favus, herpes tonsurans, scabies; in ekzema, ichthyosis, psoriasis, &c., when we wish to apply such remedies as tar and others.

Auspitz objects to Hebra's plan of allowing patients to remain days and nights smeared over with soap; it must be decomposed, especially green soap, and then the fat turns rancid

and the alkali in some places burns more or less deeply; the cutis is, moreover, by these frictions thrown into a state of irritation—becomes infiltrated, hard, tense, and painful on movement, especially over the joints. He has, therefore, given this method entirely up.

Auspitz then proceeds to examine the action of medicated soaps in a more restricted and special sense, his object being to see whether drugs are really introduced within the epidermis. For this purpose he goes at length into the experiments which have been made to determine what substances pass through the integument, and what do not. Want of space will not allow me to follow him here, and I must therefore refer the reader to his work itself. His conclusions are, that water will penetrate the skin in the form of vapour, but strong solutions of salts, when simply kept in contact with the skin, do not penetrate even in baths; solids can occasionally be forced through the skin, but only by dint of friction. He does not consider the iodide of potassium soap equal to the application of the salt in tincture or baths, but thinks the iodide of sulphur soap useful in akne and syphilitic eruptions, though injurious in scrofula. Sulphur soap is inferior in efficacy to soap and sulphur used separately. Camphor soap is inert, as are graphite soap, iron soap, cod-liver-oil soap, gall soap and spermaceti soap. Rosemary and benzoin soaps might be useful, he tells us, in mild cases of scabies, but I very much doubt if they possess a fraction of the efficacy of stavesacre ointment, properly prepared, or sulphur ointment,—the aromatic ingredients are present in far too small quantity. Yolk-of-egg soap, he continues, may be useful in stearrhœa and other scaly eruptions of the hairy scalp. Tar soap he strongly approves of, friction being a very good way of bringing the tar in contact with the skin, and only a very small quantity of the medicinal ingredient being necessary. Chiodi makes a good creosote soap, containing a drachm of creosote in every two ounces and a half; and notwithstanding its strength, there is scarcely any smell of creosote. This soap he states to be superior to any preparation of sulphur in akne disseminata; but to this he appends the startling qualification that the scarifying of the akne tubercles will be necessary. Styrax soap, our author adds, is very useful in scabies, four rubbings with it being as a rule enough for the cure of scabies. He gives formulæ for it, and the creosote soap also.

The work contains a great deal of interesting matter, and though in much that relates to the history and making of soap, the author has been more than anticipated by Mr. Pears,* still he has done his work well and deserves all credit.

* The Skin, Baths, Bathing, and Soap. By F. Pears. 1859.

The Madura Country; a manual compiled by order of the Madras Government. By J. H. Nelson, M.A., of the Madras Civil Service, and late Fellow of King's College, Cambridge. Madras. 1868. In Five Parts; with a Map. Pp. 937.

THIS is one of those works that confer equal honour on the Government which commands them, and upon the officers who are selected by that Government to carry out its intentions. That the selection has been well made in the present instance is proved by the quality of the book and by the zealous labour which has been devoted to the fulfilment of its objects. The manual relating to the Madura Country contains nearly one thousand pages, which are occupied with the physical geography, the lithology and mineralogy, the climate and meteorological phenomena, the diseases of the district, its ethnology, fauna and flora, its political history ancient and modern, its financial history, and other matters relating to land tenure, public works, administration of justice, education, &c. As may be inferred, that which most awakens our interest are the chapters on the diseases of Madura, and on its civil hospital, but we cannot in justice seize upon these portions of the volume without paying a deserved tribute of praise to Mr. Nelson, for the very able manner in which he has carried out the desires of his country. There is ample evidence in his pages that he has spared neither industry, labour, nor mental application in his undertaking, and that he has laboured with his heart as well as with his pen for his country's good.

Lepra anæsthetica, that is elephantiasis Græcorum, is happily, he observes, not very common in the Madura district, and elephantiasis Arabum is all but unknown.

> Admissions under these heads amounted to only 291 in ten years. The records of the civil hospital do not throw any light upon the causes or characteristics of lepra [elephantiasis Græcorum, Ed.]. Although the disease is not common in an active form, a leprous taint is observable in considerable numbers of people, whose skin is discoloured and covered with white and pink spots, particularly about the extremities of the body.
>
> Dracunculus caused fifty admissions. It is very prevalent in certain parts of the district, for instance, Ramnad, and occurs occasionally in an epidemic form. . . . Anæmia and lupus together caused only eighty admissions. . . . Scrofula caused 613 admissions, and is exceedingly prevalent amongst all classes. Scrofulous and venereal taints are perceptible in a large proportion of admissions.

Herpes caused 193 admissions ; . . . psoriasis (lepra Græcorum), venereal and non-venereal, caused no less than 6,774 ; phlegmon caused 5,172, and paronychia 249.

One terrible and exceedingly curious kind of ulcus, which formerly used to be distinguished by the inane epithet "grave," requires special notice, as exhibiting certain phenomena not often met with. Its classical name is *morbus pedis entophyticus ;* but it is better known in this district by the name of the "Madura foot." It is very prevalent in certain parts of the district, and leads to the performance of a goodly number of capital operations. The following rough pathological description of the disease was given by Civil Surgeon Wilson, in his Annual Report, dated January 1st, 1861.

"I here concisely state the appearance of the disease, which has come under my observation. In this disease the foot loses all shape and form, the toes are frequently not apparent, the foot as far as the ankle being one mass of disease, having a great number of fungous tubercles situated over the surface, from which it takes its name. These tubercles discharge a thin, sanious, fœtid discharge. In some part of the tubercle, generally the centre or most prominent part, there are one or more minute fistulous openings, communicating with the interior diseased mass. On cutting into the foot, the areolar tissue and interstices of the muscles seem converted into a soft fibrous-looking substance, thickly studded throughout with spherical yellow particles or granules, varying in size from a point to a pea. These particles are soft between the fingers, and much resemble pulmonary tuberculous matter : upon cutting into the soft parts, exit is given to a quantity of straw-coloured fluid : the flow of this fluid can be increased by pressing the mass between the fingers. The muscles are pale, soft, gelatinous, and their fibres indistinct. The tendons and ligaments are softened, spongy, and appear enlarged. I have not observed these yellow particles in either the muscles, tendons, or ligaments. The bones are also much diseased. Their earthy constituents being nearly all removed, they can be easily cut into and separated with an ordinary scalpel. The cancellated structure is removed in a great number of places, both on the surface and in the substance of the bone, and the place filled up by this yellow granular matter, similar in every respect to that of the soft parts.

"The disease is of slow growth, requiring years (from four to eight) to arrive at this condition ; the pain is described as severe, preventing sleep, and ultimately tells upon the patient's general health. The patients nearly always apply during the last stage of the disease. I have seen but one case of this disease in the early stage, having existed a year, when two small tubercles, slightly raised above the cuticle, had formed upon the plantar surface of the left foot, giving discharge to a small quantity of ichorous fluid (not offensive) : there was some surrounding thickening confined to the cutis and subjacent areolar tissue, and pain upon pressure. The patient was a youth of 17 years, of good constitution."

The primal cause of this fungoid disease appears to be still involved in the greatest obscurity. Dr. Gill thought it originated in the unskilful treatment of simple ulcers by native quacks. And Dr. Colebrook thought the same at

first. But after making many observations and inquiries, that gentleman at last came to the conclusion that the disease was peculiar to cultivators of black cotton soil; and that there must be something in that sticky and tenacious kind of clay which tended to set up inflammatory action of an extraordinary nature in flesh accidentally laid bare by slight wounds, such as those commonly caused by the thorns of the mimosa, a tree found in the greatest abundance in the black cotton districts. And he was strengthened in this conviction by learning from Dr. Ballingall, of Bombay, that a disease presenting almost identically the same appearance prevailed in the black cotton districts of Guzerat; Dr. Colebrook found the disease not to be malignant, as was the fungus hæmatodes, which it greatly resembled in its main features; but it was invariably cured by amputation of the foot affected. And it was generally believed that it never attacked both feet.

But this black cotton soil theory was held to be quite untenable by Civil Surgeon Wilson (see his Report of January, 1861); and he felt certain, that he had treated patients who came from red sandy loam districts, and had worked on no other soils. He could make nothing of the disease; and would not attempt to theorize about it. He had forwarded portions of a diseased foot to Dr. Carter, of Bombay, for miscroscopic examination, and had been informed by that officer that "it was the true fungous disease; and that between the small apertures in the tubercles, he detected the true granules, lying between the epidermis and cutis vera, and also in the subjacent cellular tissue."

From a pamphlet on the Fungus disease of India, written by the abovementioned Dr. Carter, and reviewed in vol. iv. of the *Madras Journal of Medical Science*, which see, it appears that a specimen forwarded to him by Dr. Wilson, of Madura, presented the following:—

External Appearance.—"The whole foot is enormously enlarged, spread out or flattened. It is not enlarged about the ankle-joint so much as towards the front part; it is everywhere enormously spread out and thickened; and the soft parts beneath the toes are so affected that the latter are imbedded and nearly hidden. Scattered over the dorsum of the foot, on the sides, and also in the sole, are numerous apertures, so characteristic of this affection. In their immediate neighbourhood the skin is white, and frequently the white patches join. The openings are placed on small tubercles or soft swellings, similar to those before described."

Sectional Appearance.—"No distinction of parts evident on a glance; the small bones of the foot seem to be almost destroyed, leaving a palish sloughy tissue, or, as it is in front, reddish-coloured, and of similar consistence. The tibia is atrophied and softened, and the astragalus still more affected in the same way, and the other remaining bones are almost destroyed, being scooped out or excavated, as it were, on all sides by the new growth. The *soft parts* are also very obscurely indicated. The skin is hypertrophied. In it, the other soft parts, and in the bones, cylindrical tunnels and spherical cavities are to be seen, in which is imbedded the sloughy-looking tissue; this is very abundant towards the front, and, as stated before, of a pinkish colour."

It appears from the review of the pamphlet, that, to the best of the re-

viewer's knowledge, the real nature of the fungus particles had not as yet been satisfactorily ascertained. Dr. Carter seemed to believe that ordinarily the fungi found in diseased human feet belonged to the order Mycosporæ, in fungi of which order the spores arise in the midst of a mucilaginous substance resembling the mycelium, and having no distinct organization. The order of Mycosporæ includes, amongst other fungi, the "smut" or "ergot" of cereals.

Further on in the review it is stated, that "there is no evidence of both feet been attacked in the same individual": and an argument is based upon this supposed fact. It should, therefore, be observed that it appears from Dr. Wilson's Annual Report, dated January 1st, 1862, that one Sangarappa Nayakkan, æt. 42, was admitted into hospital on the 13th October, 1861, *with both feet diseased.* One of them was removed; but as the patient was an elderly man, and objected to have the other removed, and as it was not as yet in a very bad state, Dr. Wilson permitted him to retain it. The case was very clearly marked, and the Civil Surgeon invited special attention to its occurrence.

The fact should also be recorded here, that in 1857 there was admitted into the Madura Hospital (see the Report, dated January 1st, 1858) a case in which the hand appeared to have been attacked by the morbus entophyticus. The whole of the patient's right hand, and especially its dorsum, was covered with "fungoid excrescences, which communicated with the bones, and bearing a strong affinity to the Madura disease of the foot." The disease was of three years' standing: and the patient came from a black cotton soil district. After amputation of the part affected, he was discharged cured.

The term "morbus entophyticus," and Dr. Carter's suggestion of the dependence of the disease on a vegetable fungus, have been shown to be unfounded by the reporters of the Pathological Society, who state that microscopic examination discovers nothing that can be assumed to be of the nature of a vegetable growth, although the specimen which they examined was otherwise highly characteristic of the disease. Here, however, we must close our brief notice of the author's book; and we cannot too strongly express our favourable opinion of the intelligence and capacity which he has brought to his labour; a labour, very evidently, less one of duty than one of love.

Editorial Commentary.

LECTURES ON DERMATOLOGY.

The Dermatological Lectures of the Royal College of Surgeons of England are appointed to commence on the 31st of January, 1870. The number of Lectures will probably be six, which will be devoted to a general survey of the subject, in the form of a Synopsis, and form an introduction to British Dermatology.

PROFESSOR HEBRA.

We have to congratulate our distinguished colleague on his promotion from the office of Professor Extraordinary in the Vienna General Hospital to that of ordinary Professor. He is said to have performed the duties of his former office for twenty years without remuneration. But although without remuneration in one sense, he has built up for himself a colossal fortune in honour and in the respect and admiration of his colleagues and of his fellow-men.

ELEPHANTIASIS.

The contagion of elephantiasis, against which the Leprosy Committee of the College of Physicians has declared itself, must still be regarded as a *quæstio vexata*. No one can peruse Dr. Drognat-Landré's interesting essay, of which a review will be found at page 474, without experiencing a strong feeling that contagion must be a reality with regard to this disease. That it is not contagious in certain parts of the world we have good evidence; but such evidence may prove to be erroneous in its application to other countries and other regions. No one can doubt, after the able exposition of Danielssen and Boeck, that elephantiasis is non-contagious in Norway. It is very possibly non-contagious also in Great

Britain; but the same cannot be said with any kind of certainty for Hindostan, China, Japan, the Mauritius, and the West Indies; while Drognat-Landré's report as to Surinam and Dutch Guiana, impresses us very strongly with the conviction that contagion alone must have been the means of spreading the disease in that colony. It behoves us, therefore, to keep the matter before our eyes, and not to rest satisfied with the investigations which have already been made. Those investigations are undoubtedly valuable and useful, so far as they have gone: but it will be readily admitted that they have still left much to be accomplished.

The young lady whose case is reported at page 186 of the present volume of our Journal, has been residing for several months at the seaside. Her stump is healed; but at one point, where there is contraction of the cicatrix, there is considerable tenderness. The swelling of the cervical glands, which was followed by a copious purulent discharge, has dispersed. The pigmentation of the skin is diminished. The parts chiefly affected are, the right foot, which was removed, the left hand and forearm, and the face. The latter is terribly deformed with tubercles and tubercular hypertrophy. In the centre of the forehead is a thick cluster of tubercles, of which the largest are a quarter of an inch in diameter; a similar cluster occupies the chin; large tubercular masses are seated on the cheeks, and the tubercles extend backwards to the ears, and on one side to the neck, below the ear. The skin around the eyes and mouth is comparatively free, and so also is the nose, two or three small tubercles ranging along the eyelids, two or three also along the margin of the alæ nasi, and two or three upon the lips. The tubercles have the general brown transparent tint of the rest of the face, the latter being less leaden in hue than at the time of our previous report. With the exception already mentioned, there are none or very few tubercles on the neck and on the rest of the body. Absence from pain is one of the most remarkable features of her case; her functions are all correctly performed; she is cheerful in spirits; pursues her studies regularly; walks vigorously with the aid of a crutch; and takes much delight in riding on a mule, holding the reins in her affected hand with much force.

We have expressed ourselves somewhat strongly with regard to non-contagion in our last report (page 189); wherein we state that this young lady had never come in contact with a leprous person; but since our report was published the child's mother has recalled to her remembrance that there was some mention made to her in the Mauritius of a leper child being in the school to which the poor girl was sent for her educa-

tion. This fact, in the mind of a non-contagionist, would be unlikely to bear fruit; but, with the experience of Drognat-Landré before us, it cannot be rejected as irrelevant. It is not unlikely that the growing, the nutritive period of life, may be that which is more susceptible of the disease than another; and that the contagious virus, under such circumstances, may have a redoubled power. Certainly, our experience is in favour of the commencement of the disease in young persons more frequently than in adults.

In the instance of the poor boy whose case is mentioned at page 192 (vol. ii., JOURNAL OF CUTANEOUS MEDICINE), and who died in the early part of the year 1868, Dr. Moxon gives an account of the *post-mortem* appearances, in the Guy's Hospital Reports for 1869. From an abstract of Dr. Moxon's paper contained in the *British and Foreign Medico-Chirurgical Review*, we gather that the immediate cause of the patient's death was "amyloid or lardaceous disease of the alimentary canal, liver, kidneys, and spleen, with marasmus in the most extreme degree. Contrary to expectation, the nerves were found quite natural, and some nodules felt during life, and supposed to have their seat in the nerves, were found to belong to the veins." It must be remembered, in relation to the pathology of elephantiasis, that it presents a certain variety in its mode of manifestation: sometimes the nervous system suffers chiefly; sometimes the cutaneous system; and sometimes the mucous system. One of the most conspicuous symptoms in this boy's case was the affection of the mucous membrane of the nose and larynx; and, therefore, it does not take us by surprise to find disease and amyloid degeneration of the alimentary canal, liver, kidneys, and spleen. And for the same reason, we should not have looked for the amount of disorganization of the nervous system which is met with in some cases, and which has been so ably demonstrated by Danielssen and Boeck in their excellent delineations of the morbid appearances met with in this disease. Nevertheless, he was not without neuralgic suffering. He complained bitterly of "pains in the flesh," and he dreaded to walk in the streets, lest his elbows might come into collision with passers-by, for then he experienced a sharp pain which shot like the electric fluid through his whole frame. Moreover, there existed a certain amount of anæsthesia, although only to a limited degree.

There was a peculiarity in the present case which we have noted in our narrative of the case,* and have not seen described

* Diseases of the Skin, sixth edition, page 611, Case II.

in any of the accounts of the disease which have hitherto come before us, namely, an inflammation of the superficial veins, accompanied with blotches, which the patient described very truly as possessing a "beautiful pink colour," and which subsequently became purple. For example, "there is a slightly-elevated tumour, of about an inch in diameter, upon the left cheek, the surface of the tumour being mottled with pink and purple. . . . A similar swelling on the inner side of the left calf is *knotty*, and involves the saphenous vein, and the femoral glands on that side are enlarged." But these little venous knots are a totally different thing from the swollen and uneven cords presented by the nervous trunks, as described by Danielssen and Boeck, and which we have ourselves seen several times in the instance of the ulnar nerve.

"Leprosy is said to be spreading very fast in Polynesia," reports the *Medical Times and Gazette* of October 9th, 1869. Polynesia is another illustration of the contagion of elephantiasis, as striking even as that of Surinam; and we may refer those who are interested in the subject to our review of Mr. Macnamara's essay in the first volume of the JOURNAL OF CUTANEOUS MEDICINE, page 402, wherein a notice will be found of Dr. Hillebrand's report of the progress of elephantiasis in Honolulu, the capital of the Sandwich Islands.

THE BEAUTY BATH.

THE celebrated "beauty bath" of Schlangenbad is a limpid pool of pellucid water, containing a small pinch of soda to each gallon; and were it nearer the suburbs of London than the Taunus range of Nassau, would no doubt be the frequent resort of those of our lovely ones who regard perfect ablution as a necessity of existence. Our neighbour in Cavendish Square is out of reach of this luxury, but none the less an ardent seeker after the delights of the body's purity. On this subject she writes to us as follows:—

To our kitchen boiler I have attached a piece of pipe, which pipe is connected at the other end with a fish-kettle. With this simple and inexpensive apparatus I secure to myself daily two or three quarts of distilled water, and in this water I wash. Now, what I have suffered with my hands by using the London water is quite indescribable; not from chaps, for my hands never chap, but my skin is always rough, always dirty, and my nails sore and never clean. Since using the distilled water my hands are soft and satiny, my nails white and clean, even without a nailbrush. And I am not without hope that if the same effect is produced on my face as on my hands,

that I may "become beautiful for ever." Now, the whole cost of this great luxury is next to nothing; for my plumber assures me, that *minus* the fish-kettle, the entire expense would not be more than twenty-five shillings.

There can be no doubt that the hardness of the London water is to some skins a serious inconvenience; and if, as our neighbour proposes, this inconvenience can be so easily obviated, the announcement will be a valuable boon to a considerable number. The distillation of fresh water from salt, as a resource at sea, is well known to all of us, but the application of similar principles to the good keeping of our hands at home is a luxury for which we owe our thanks to the invention of our neighbour. We shall do our best to profit by the hint.

Clinical Memoranda.

Œdematous Hypertrophy of the Skin. Commentary on a case of cutaneous disease which occurred to Dr. Durkee, in 1855, *and was published in the Virginia Medical Journal for September,* 1856.

SOME years have elapsed since a copy of the *Virginia Medical Journal* was addressed to us from the United States, with a request that we would state our opinion with regard to Dr. Durkee's case. The journal was put aside for a day of leisure. That day has been delayed by the incessant occupations of an active life until the present time, when our *villeggiatura* and the close of our journalistic labours have enabled us to give it the attention which it deserves, and to furnish the opinion which was required from us. To accomplish this, we have condensed the case into a shape corresponding with our reading of its phenomena, and this reading, with our commentary thereon, will, we hope, meet the desires of our American colleagues.

A woman, aged 47, out of health, torpid digestion, weak nerve-power, feeble circulation, pulse only 65 in the minute, languid tissues, subject for several years to swelling and œdema of the lower extremities, was attacked with a red tubercular eruption of the right leg, for which, in consequence of aggravation of the disease, the limb was amputated.

Two years later a similar disease made its appearance in the left leg, and four months after its commencement (July, 1855), was seen by Dr. Durkee. At this time the limb was swollen and œdematous; there were two or three tubercles measuring $\frac{1}{4}$ to $\frac{1}{3}$ of an inch in diameter, eight or ten incipient tubercles in the shape of papulæ, and a tubercular mass, formed by the aggravation and fusion of a number of tubercles, this mass measuring in diameter about an inch, and having an elevation of one-third of an inch. The feature of the disease which chiefly struck Dr. Durkee was the redness of the tubercles, and, as a disciple of Willan, he named it *erythema papulatum et tuberculatum*. There is, as we know, an erythema papulatum et tuberculatum generally recognized by dermatologists; but the present case differs essentially from that.

The process of development of the eruption in Dr. Durkee's case would seem to have been as follows:—Hyperæmia of the hair-follicles, attended with fall of the hair over the greater part of the affected limb; in some of the follicles exhibiting red puncta, the red puncta rising to the height of papulæ, the papulæ either growing to the bulk of tubercles or becoming tubercles by the fusion of several. The papulæ and tubercula ranged in tint of colour from bright red to purplish red; they were elastic, and free from pain.

The woman was first seen by Dr. Durkee in July, and died on the 2nd of January of the following year, making the duration of the disease as affecting the left leg about ten months. At the sixth month the leg was more swollen and œdematous than at the previous report; there were more than a hundred papulæ and tubercles, some being discrete, others coherent, and others again confluent. The latter were congregated chiefly around the original tubercular mass, now as large as the palm of the hand, and elevated at some points to the height of an inch; whilst the largest tubercle of three months' growth measured more than an inch in altitude. An attempt had been made to procure suppuration of the mass by sprinkling it with perchloride of mercury, and also by a strong solution of nitrate of silver, but the result of these applications was a deep slough an inch in length by a third of an inch in breadth. The limb became more swollen and more painful, and the disease progressed with greater activity. Moreover, the nitrate of silver solution produced vesication and copious serous exudation; the skin had "a polished shining appearance, with a bright scarlet colour," and assumed the characters of erythema œdematosum or erythema læve.

During the following months the serous exudation from the

seat of the slough continued uninterruptedly, with the effect of flattening the tubercular mass in the centre of which it was situated. The tubercles also became surmounted with vesicles and bullæ filled with serous fluid. These vesicles burst, and continued to ooze serum for ten or fifteen days; then their summits became flattened and concave, and in eight or ten days had sunk to the level of the surrounding skin. Other tubercles, and also portions of neighbouring skin, lost their vitality, and took on the process of sloughing. The cuticle became brown and almost black, cracking and desquamating. The continuance of the exudation diminished the bulk of the limb, and relieved the pain; and shortly before death the leg returned to its natural size, all the tubercles being flattened, and their site simply indicated by corrugated skin.

For two months previously to her decease the patient's appetite failed, her tongue being clean; her pulse ranged between 100 and 108; then she suffered from dyspnœa; was unable to maintain the horizontal position; had pains at the epigastrium, with vomiting; and during the last days of her life was partially comatose, with loss of vision, the pupils being much dilated.

And now the question arises, what was this curious affection? Looking at it as a cutaneous disease, and with the teachings of Willan in his mind, Dr. Durkee came to the conclusion that it must be an erythema, papulous and tuberculous. But regarding it by the lights of pathology, we should call it an hypertrophy, tuberculous in form, and originating in follicular hyperæmia, and should give it some such name as *folliculitis tuberculosa œdematosa.* We have seen this morbid state many times in association with simple œdema, but most frequently in conjunction with ekzema; as, for example, in the forms of ekzema which we have denominated ekzema papilliforme, the "éruption papilliforme consécutive à de l'ekzème" of Bazin,* ekzema tuberosum œdematosum,† and ekzema spargosiforme.‡

Dr. Durkee may, however, very fairly say—but this was not an ekzema. That is quite true; and the special peculiarity of the disease is, that it was an hypertrophy resulting from detention of blood in the tissues of the skin, and associated with œdematous infiltration. That such a state of the limb is equal to the production of hypertrophy is shown in ordinary spargosis, the bouknemia tropica, and the so-called elephantiasis Arabum. The stages of the disease would appear to have

* Journal of Cutaneous Medicine, vol. iii. page 85.
† Vol. ii. page 216. ‡ Vol. ii. page 219.

been—weak nerve-power; languid circulation; feeble tissues; peripheral hyperæmia, probably passive, affecting the hair-follicles; arrest of nutrition and fall of the hair; passive hypertrophy of the perifollicular tissues; prominence in the form of papules and tubercles; passive vesication of the tubercles; transudation of serous fluid from the tubercles reducing their bulk; loss of vitality of the enfeebled tissues, in some giving rise to sphacelus and sloughing.

Miscellaneous Memoranda.

Dermato-sklerosis.—At page 192 of the present volume of this Journal we drew attention to the very remarkable affection termed sklerema, sklerisasis, skleroderma, &c., by different authors, but which, we believe, may, with greater correctness, be denominated dermato-sklerosis. An instance of this disease has lately been under observation in the hospital at Hamburg, and the following is a brief history of the case.

A woman, aged 20 (1858), in other respects healthy, experienced some uneasy sensations in her arms and legs during several weeks. These sensations were preceded by a sense of tightness and constriction around the mouth. Some months later, the skin of the face was contracted, immovable, and smooth; she had difficulty in opening her mouth, and there was a sense of stretching and tightness. Later still, uneasy sensations, similar to those first mentioned, were noticed in the breast and arms, followed, in the same manner, by contraction and tightness. There was stiffness and difficulty in movement of the arms; it was impossible to straighten the elbows, and the tendency to contraction had extended to the fingers.

The morbid process was gradual and progressive. During the three following years there was some degree of pain in the skin; the contraction, stiffness, and tension of the face had increased; the eyes were staring, the countenance immovable and mask-like, and the mouth so much contracted as to render necessary the removal of several teeth for the purpose of supplying her with necessary nourishment. There was an increasing tension and stiffness about the elbows and fingers, and the effort to straighten them was painful. The elbows were flexed and rigid; she was unable to carry her hands to her mouth, and the hands were closed by the flexion and contraction of the fingers, and stiffened in their contracted position. Contraction and stiffening had also made progress in her legs, feet, and thighs, impeding locomotion; and the skin of the trunk of the body was also more tense and contracted. Moreover, a new symptom had presented itself, namely, superficial ulceration: this occurred on the prominences in the neighbourhood of joints; the small ulcers were painful, exuded little pus, and healed in a few weeks, leaving

behind them a thin, glistening, white cicatrix. Around joints the skin was white from tension ; there was no discoloration of the skin, other than a slight increase of pigmentation upon the abdomen ; the hair had fallen out during the first two years, so as to occasion partial baldness, but had since, in some measure, been restored.

At the close of 1863, the fifth year of her disease, she became a hospital patient, and had a mild attack of variola, which lasted for about three weeks. At this time, and during the first half of the following year (1864), the report of her state is as follows :—The skin of the head is thickened and bound tightly down, that of the eyelids less than other parts ; she can wrinkle the forehead transversely, but not vertically ; the integument of the face is somewhat more movable and softer, and the mouth a little relaxed, and capable of being opened to the extent of a third of an inch. The neck still remained comparatively free from disease, but the skin of the trunk was much stretched ; the intercostal spaces invisible, but apparent to the touch, the mammæ being apparently gone. The upper limbs still continued to be more extensively affected than the lower, and the hands more than the arms. The elbows were a little more flexible, and there were still some remains of flexibility about the metocarpo-phalangeal articulations, but the phalanges were immovable, bent, and contracted ; every wrinkle on the fingers had disappeared ; the skin around the joints was white from excessive tension ; that of the back of the hands was closely adherent, smooth, and stretched ; and every vestige of hair had disappeared. A feeling of tension in the left thigh prevented locomotion, and there was ulceration on both elbows and on the dorsum of the left foot.

In 1867, namely in the ninth year of the disease, there was an increase of improvement in certain parts of the body, while other parts were worse. Where the skin was affected, it was impossible to pinch it up from the parts beneath ; but the chief amount of suffering arose from the ulcerations. The mouth admitted of being opened to the extent of half an inch, and there was a melasmic hue on some parts of the surface. Nevertheless, with all this morbid action of the skin, sensation was unaffected, the mucous membrane remained healthy, menstruation was regular, appetite good, sleep undisturbed, and all the functions properly performed. The skin was uniformly reddened by the bath, and the urine was normal, with a specific gravity ranging between 1009 and 1016. At a later period only was evinced some disturbance of respiration in the form of dyspnœa.

The treatment adopted, from which benefit was obviously derived, was the warm bath every other day, at first simple, then one of sea-water ; with the syrup of the iodide of iron in half-drachm doses.

Pemphigus from Copaiba.—Hardy reports, in the *Gazette des Hôpitaux* (No. 37), an instance of pemphigus excited by the use of copaiba. The patient was a young man, aged 28, suffering from gonorrhœa, but otherwise healthy. Under the influence of four to six copaiba capsules daily an erythema made its appearance, and lasted for several days, the eruption consisting of prominent rose-coloured blotches with considerable pruritus. The discharge having returned, the copaiba was repeated in the same dose for a fortnight. Consecutive upon this latter course an erythema showed

itself, in the first instance, on the thinner parts of the skin, at the flexures of the joints, and gradually spread to the whole body. Then there were developed, bullæ of pemphigus, succeeded by an abundant exudation, and by an epidermic desquamation prolonged for six weeks. Each bulla had an existence of several days ; and their successive appearance was maintained for a month. There was present also a state of anasarca of the integument, but without albumen in the urine ; the anasarca was referred to debility consequent upon the amount of discharge and desquamation.

Traumatic Pemphigus.—M. Malherbe reports, in the *Union Médicale* (No. 39), a case of pemphigus of obscure origin, but ascribed to the use of a local irritant, and terminating fatally. The patient was a woman, aged 46, in average health, who, in consequence of pruritus of the limbs coming on at night, obtained from a druggist some remedies, which she rubbed into the skin. The ointment contained turpentine, but beyond this there was no further information. The day following these frictions she was admitted into the Saint Louis Hospital with an eruption of small bullæ on the legs and arms, the upper part of the neck, the chin, and a few on the trunk ; on the lower limbs they extended in a slight degree to the soles of the feet. The bullæ succeeded each other rapidly, and burst quickly, giving exit to a limpid serum ; their average bulk was that of an almond, some few being larger ; and their eruption was accompanied with gastric disturbance, and a pulse of 112. On the sixth day following the use of the irritant the patient became delirious ; the day following comatose ; and she died in the night. On examination, *post mortem*, there was found pulmonary congestion, with bright redness and arborescent congestion of the lower half of the alimentary canal. The brain was sound.

Chronic Pemphigus.—M. Malherbe also reports a case of chronic pemphigus which occurred in Saint Louis, under the care of Guibout ; and it is evident that the phlyktænous eruption was not the disease, but only a symptom of exhausting disease. The patient was 62 years of age ; he had pemphigus of both legs, with chronic bronchitis ; as the pemphigus improved the bronchitis increased ; and M. Guibout determined to confine himself to the treatment of the bronchitis, leaving the pemphigus to take its own course. Nevertheless, six months later, the bronchitis grew worse ; the lower extremities became œdematous ; a fit of vomiting took place, with slight tympanitis, and the man died. A small quantity of pus was found in the abdomen, and three small ulcers in the ascending duodenum, two of which had perforated the intestine. Where was the tutelar deity of Saint Louis, *Arthritism*, all this while ;—probably in the stable, only to be trotted out on state occasions. M. Malherbe makes an odd attempt to compare the pemphigus of the legs with a case of burn, and to establish a quasi-reflex relation between the skin irritation and the mucous membrane. We have a right to expect more rational pathology than this from Saint Louis.

Alopekia pityrodes.—Under this somewhat strange title, Dr. Pincus describes, in *Virchow's Archiv* for 1868, a form of chronic folliculitis of the scalp, ending in alopekia—a state to which the ancients gave the characteristic name of xerasia. From certain experiments, made chiefly on the hairs of the phalanges of his fingers, he concludes, that arsenic, veratria,

cantharidine, and savin are absorbed by the hair, and render it brittle; that inflammation of the follicle impairs the growth of the hair, altering its physical characters, but retards rather than hastens its fall; and that oil of savin, while rendering the growth of the hair slower, prolongs its vital duration. Acting upon the faith of these experiments, he found that a pomatum containing from 5 to 30 drops of oleum sabinæ to the ounce arrested the fall of the hair, and that the effect continued for a long while after the remedy was relinquished. But three evil consequences followed the use of the pomade: in the first place, the hair became brittle; in the second, the hair and skin assumed a dirty-grey or brown colour; and in the third, the odour of the savin occasioned headaches, giddiness, and sleeplessness; so that, in eight out of eleven cases, it was necessary to give up the use of the remedy. In the remaining three cases, however, it was continued for three years, with occasional interruptions. Next in efficacy to the savin pomade was one of tannin, containing four scruples to the ounce. After two months, the hairs showed a perceptible decrease in their fall. The head during the treatment required to be washed with soap twice or three times a week.

Dr. Pincus considers that the fall of the hair in alopekia pityrodes can be deferred by treatment, and, having commenced, its progress may be greatly retarded. Strong stimulants in the early stage of the affection invariably accelerate the fall of the hair. This is succeeded by a few days of suspension of loss, but is followed by a more rapid fall, which continues permanently. At this stage, a solution of bicarbonate of soda, sufficiently strong to act as a rubefacient, is the best remedy; but this latter, unfortunately, destroys the colour of the hair.

Urticaria.—Mr. Nettleship reports a case of urticaria in a female child two years old. The exanthem was first noticed at the age of three months, and has continued up to the present time. It is most abundant on the neck and trunk, and the blotches leave behind them a light brown pigmentary stain. Latterly a new feature has been added to the original eruption—a pruritic papule, with summits torn by the nails, apparently a leichen urticatus.

A second case of urticaria occurred in a boy who had been admitted into the London Hospital for erysipelas of the face. The erysipelas had commenced the day before admission, and was preceded by a rigor, but no sickness; there was very little feverishness, but his tongue was furred and red at the point. On the morning following his admission, his skin was covered "with immense patches" of erythema and urticaria, extending from his neck, over the chest and trunk, to his wrists and ankles, the hands and the feet being free. The patches were circular, ranging in size from an inch to two inches in diameter; some solitary, many confluent, producing a map-like or gyrated outline. The centre was pale and flat, the border bright red and raised; and beyond the raised border was an areola of redness, half an inch in breadth. Wherever the eruption had subsided, the skin was remarkable for its paleness. The skin was not susceptible to external irritation, such as scratching and the contact of clothing, and was unaffected by the application of chloroform. The most prominent characters of the exanthem were: its sudden invasion, the large size and great extent of the wheals, and the rapid disappearance of the disease; for it was entirely gone by the following day.

A third case is also reported from the London Hospital. The patient was a man 44 years of age. His face was swollen, and pitted on pressure; in one or two places œdema of the scalp was perceptible. On the neck and shoulders were numerous small wheals; the trunk was free; but the extremities, both upper and lower, were covered with various-sized patches, consisting of a centre of nearly normal skin, with a red border raised like a rim. The largest of the patches were situated on the hips and buttocks. The back of the hands was simply erythematous, without wheals. The patient had had two similar attacks formerly; the present one had shown itself on the previous day.

Scabies in the Rabbit and Ferret.—Scabies in animals is usually termed "*mange*"; and in the mange of various creatures an animal parasite has been commonly found. In the *Veterinary Transactions* for 1843-4 is an engraving of the acarus equi drawn by ourselves. We have besides found an acarus in a variety of animals, including the pheasant and the mouse, but independently of the existence of an eruption of the skin, and have had occasion to remark upon the singular variety of figure which the parasite exhibits in different animals. We believe that every genus of animal has its own particular acarus; and we are therefore quite prepared for the announcement in the Lyon Médical, that mange has been observed in the rabbit by M. Saint-Cyr, and in the ferret by M. Peuch, and that in each instance an acariform parasite has been observed. M. Saint-Cyr found in the rabbit two parasites, one an undoubted sarcoptes, already described by M. Gerlach, of the Veterinary College of Berlin; the other an acarus resembling the tortoise in figure, with blended thorax and abdomen, and four pairs of legs. It is not unlikely that these two forms may be ascertained subsequently to be the male and female animalcule. The parasite found by M. Peuch in the ferret he considers to be a true sarcoptes. The disease in both animals was manifested by the presence of crusts, covering the whole body in the rabbit, but most striking around the nose and the eyes, and of a yellow colour, and situated on the fingers, and especially at the roots of the claws in the ferret. Submitting these crusts to the microscope, they were seen to be porous, and penetrated with passages, in which were contained a multitude of acari.

The Plague in Mesopotamia.—When will the medical body arouse itself to wipe away the reproach of mystification? There may have been a time when mystery was a convenience—perhaps a necessity, but that time has long since passed away, and only to a sluggish nonchalance is to be attributed now the existence of such terms as "plague" and "leprosy." Leprosy signifies roughness—a rough table is leprous, a shaggy coat is leprous, a scabby skin is leprous; and the "faculty" indulge in a trinity of leprosies at the present hour. There is the leprosy of the Greeks, the leprosy of the Arabs, and the leprosy of the Anglo-Saxons. If we open the Bible to the 13th chapter of Leviticus, we shall discover also that there be many plagues: and at this moment a pretty warfare of opinion is raging in the East (*British and Foreign Medico-Chirurgical Review*) as to whether "a pernicious and rapidly fatal fever, accompanied with buboes in more than half the cases, and with carbuncles and petechiæ in many of them," be really the plague or not. It appears that the utterance of the word "peste" entails certain restrictions on the people, and therefore the doctors lie in the face of truth. Neverthe-

less, although the plague is acknowledged to have disappeared "from Egypt and the East for the last quarter of a century," a partial epidemic of the disease made its appearance in Benghazi in 1858, and the disease reappeared in the pachalik of Bagdad, and especially at Hindie in Arak-Arabi, in 1867. As early as 1856 it was observed that the endemic forms of fever, remittent and typhoid, in Bagdad and the surrounding districts, were "accompanied with buboes or glandular swellings in the neck, armpits, and groins; these buboes frequently suppurating, and the wounds being occasionally gangrenous." In 1858 and 1859 the same thing was observed, but the cases for the most part did well. During the following two years, however, the fever seems to have been more grave and fatal. In some instances there were numerous petechiæ, together with hæmorrhage from the nose, bowels, or bladder, along with buboes. The progressive development of the fever in force and gravity is interesting; but as yet it would seem that contagion has not proclaimed itself with unimpeachable voice, since by the Turkish medical authorities contagion is still denied.

Toxic Effects of the Bromide of Potassium.—The *British Medical Journal* for October 16, 1869, contains an interesting account of the toxic symptoms occasioned by excessive doses of the bromide of potassium continued for a length of time. The subject of the treatment states that the first unpleasant feeling he experienced was "profound and yet disturbed sleep." He always awoke with a "mental struggle and effort," not knowing at first where he was; it seemed to him as though he had slidden too far down into the "gulf of sleep." Next followed an "enfeebling of the mental power": the work of half an hour, in his normal state, required several hours for its accomplishment. Then, worst of all, he took to substituting words of a like sound one for the other, so as to lead to disagreeable blunders; for "subscription" he wrote "contraction," and so on. He went into the country and dropped the medicine, and in a week he was so much better as to attract remark. "The stoop in my figure, the slow, uncertain speech, and other bad symptoms, especially the heaviness in the eyes, were gone, and I felt quite myself again." He had commenced with twenty grains a day, and increased the daily dose until it reached seventy, and sometimes eighty.

Digestion of Tumours.—From the *Bulletin Général de Thérapeutique* we learn that Senebier, of Geneva, proposed, as far back as the last century, to digest cancerous ulcers by means of the gastric juice. A similar idea has led Dr. de Castro, of Alexandria, to inject tumours with pepsine to accomplish their solution. An Arab woman, aged 50, suffered for two years with a cancerous breast, which ulcerated, and her strength was much reduced. Dr. de Castro removed the breast; but six months afterwards two tumours appeared in the axilla and acquired in the course of a few weeks a large size. Dr. de Castro injected into one of the tumours a solution of the acid amylaceous pepsine by means of a Pravaz syringe; and repeated the operation three times subsequently, once at the end of forty days, and once twenty-three days later. In five days from the first injection the tumour was reduced one half, and in three months the reduction of size was very considerable; the patient's complexion looked healthy, and she had recovered

her muscular strength. The same operation has been practised on a goitre, also with a reduction of bulk.

Insect Eruption.—In the *British Medical Journal* for October 9, 1869, there is reported, as coming under the observation of Mr. Hutchinson, thirteen cases of eruption, induced, to all appearance, by the sting of some autumnal insect, possibly a mosquito. We recollect seeing a similar instance about three years since in the person of a medical man who had just returned from a continental trip in the autumn season. His face was studded all over with red blotches, varying in size from a quarter to half an inch in diameter. He first became aware of their presence when he arose in the morning, and they were recognized at the hotel where he slept as the stings of a kind of mosquito. It is certainly remarkable that none of the insects were perceived by the persons who were bitten ; and they had no notion whatever whence the spots proceeded. The cases occurred during the latter half of September, and were all traced to the same locality ; ten of them to persons, chiefly children and women, residing close to the river. Mr. Worthington, of Worthing, met with a like case at about the same time, in a gentleman who had been staying at an hotel in Pimlico, and remarks :—"I heard soon afterwards that mosquitos had abounded in Pimlico, and that many persons had suffered in a similar manner." In the present instance the parts of the body attacked were the face, arms, and back of the hands ; and in several cases the eruption had lasted a fortnight, being kept up by the daily appearance of fresh spots. The latter, at their full development, were "raised erythematous blotches," ranging in size from a threepenny to a halfpenny piece ; when stretched, many presented, in the centre, a dark point, like a puncture ; while others were white. They were attended with considerable itching, and accompanied with marks of scratching. When seen from the first they had a wheal-like aspect ; next they spread out into an erythematous disk ; and as they subsided assumed the appearance of papulæ.

Unhealthy Epidermis.—Surely there can be nothing remarkable in the idea which is conveyed by these words ; nor would a man of sense expect an unhealthy tissue to behave like a healthy one. Unhealthy epidermis is a common phenomenon of dermal pathology, and requires no big words to illustrate. What then shall we say to the profound nonsense of the following, quoted from the *Gazette Médicale de Paris*. M. Ranvier has always observed, prior to epidermic desquamation, dilatation of the nucleolus of the cells of the rete mucosum ; the nucleus touches the cell which encloses it at one point, probably that which corresponds with the canal of Balbiani. The cell cannot, therefore, become horny, and desquamation results, a consequence of altered nutrition. The sum total being, that if the epidermic cells retain their crude and embryonic form, they cannot build up a cuticle healthy in structure and function. How ceaselessly have we endeavoured to enforce this doctrine.

Treatment of Epithelioma.—In volume I. of the Cutaneous Journal, page 360, attention is drawn to the curative property of chlorate of potash in the treatment of epithelioma. We learn further, from the *Riv. Clin. di Bologna* for March, 1869, that this treatment was proposed by Bergeron in 1864, and has been revived recently by Professor Magni. In a severe case

occurring in a man, aged 52, in whom the cancerous ulceration involved the inner angle of the eyelids and ala nasi of one side, the ulcer was dressed with an aqueous solution of chlorate of potash, containing half a drachm of the salt to the ounce. And, at the same time, a dose of the chlorate of potash, equivalent about to ten grains, was given internally twice in the day. At the end of one month there was great improvement in the sore; and at the conclusion of a second month the patient was almost well. The treatment is simple and worthy of attention, especially in cases of extensive ulceration, where other means are inapplicable. And we are the more inclined to regard it with favour from having seen a remarkable improvement in a cancerous ulceration on the neck, from the use of a somewhat similar remedy, the bromide of potassium. The latter case was under the care of Mr. Hancock, at the Charing Cross Hospital.

Cheloid Tumour on the Ear.—Susan R., æt. 19. This young woman, a mulatto from Bermuda, has been labouring under a cheloid tumour situated on the lobe of the left ear, mainly, for three years. Its formation was consequent upon the perforation of the ear with a view to the wearing of a ring, a frequent exciting cause of this affection. Yesterday afternoon, Professor Gross stated that he saw in a young married woman from the interior of this state, a cheloid tumour lying immediately in front of the sternum. It was originally very small. After it had attained the volume of a split pea, it was removed by a physician. During the process of cicatrization the cheloid formation recommenced, and now the tumour is at least eight or ten times as large as it was prior to the operation, performed only a comparatively short time ago. In speaking to her of the peculiar nature of these tumours, Professor Gross mentioned casually that they were occasionally engrafted upon the scar left by vaccination, when she immediately said she had one on her right arm, precisely at the spot of the vaccination scar. These tumours, originally described by Alibert, of Paris, derive their name from the fact that in some portions of the body they resemble very much the claw of a crab. They consist essentially of fibroid or fibro-plastic matter, presenting under the microscope all the characteristics of a fibroid tumour. They belong to that class to which the term recurrent has been applied. Often, when most carefully removed, the operation will be followed by a return of the disease. From what Professor Gross has seen of this growth as it occurs in the ear, he thinks it is more common in the coloured race than in the white. This is the fifth or sixth case of this kind he has seen in this situation, produced by the perforation of the ear for the purpose of wearing a ring. The patient was placed under the influence of chloroform and the tumour carefully removed, the wound being closed by four stitches.—*The Medical and Surgical Reporter*, Philadelphia, October, 1867.

Epithelial Tumour on the Back.—John McF., æt. 45. This man has had a small tumour on the lower portion of the back, over the spinal column, for five years. It projects a few lines from the level of the surrounding surface, has a scab upon its centre; the skin covering it is discoloured, and the tumour, as well as the parts upon which it is situated, feels very hard. It bled frequently formerly, but has not done so of late. The scab comes off from time to time, and is renewed. There is some little stinging, itching pain

in it. This tumour is evidently epithelial in character. It looks as if it might be fibroid ; but from the fact that it has been growing very slowly for four or five years, and has taken on an ulcerative action, the inference is not of such a nature. A fibroid tumour grows with greater rapidity than this has done, and does not take on ulceration, especially in its earliest stages. The tumour was removed with the knife, and the wound closed by two twisted sutures. The pins should be retained after operations performed in this part of the body for five or six days, or a week, because of the great amount of motion to which the parts are subjected. No other dressing will be required. The pins were covered up with adhesive strips.—*Ibid.*

Leper Hospital.—There is a hospital for elephantiasis in Rio de Janeiro, termed Hospital dos Lazaros. Elephantiasis, both of the Greeks and of the Arabs, is common.

Colour of Garments.—Dr. McDowall, Assist. Surg. of the Bombay Army, in writing in 1865, on the colour of clothing as influencing the temperature, health, and comfort of the wearer, has given his personal experience. He says : "I well remember that when encamped on the shores of the Bosphorus, in Turkey, a little incident occurred which vividly impressed this physical fact on my memory and shoulders. The forenoon being bright and inviting, we (some other officers and myself) determined, Leander-like, to lave our limbs in the classic waters of the East, though not precisely at the same spot he patronized. The walk was pretty long and hot. We one by one took our coats off and carried them on our arms, both on going and coming from the bath. I wore a cherry-coloured flannel shirt, and although all our shoulders were more or less burnt by exposure while in the water, I was literally scorched, and for some days suffered greatly from the slightest movement or friction of my coat. We all suffered in *exact proportion to the depth of shade of our flannel.* Now, in the jungle, in the hottest weather and in the sun, I have often ridden, and do ride still, both for experiment and comfort, in my shirt-sleeves ; but that shirt is *white.* Any other colour requires a proportionate thickness—nay, even padding, according to some."—*Dr. G. M. Smith on Sunstroke. New York Medical Record*, July 15th, 1869.

Nerves of the Rete mucosum.—In Max Schutze's "Archives of Physiology," we are informed by Dr. Podcopaew that nervous filaments have been traced in and through the rete mucosum, and have been found to constitute a plexus between that layer and the horny epidermis. His observations have been made on the skin of the rabbit, and with the aid of a solution of the chloride of gold. The discovery is sufficiently remarkable to need corroboration.

Removal of Obstructions of Sebaceous Glands.—Dr. Martin (*British Medical Journal*) states that many skin diseases depend on inflammation of the gland ducts, caused by decomposition and inspissation of the glandular secretion. The normal secretion of the sebaceous glands consists of a fatty hydro-carbon, which sometimes is decomposed and converted into a hydro-sulphuret, and becomes black on exposure to light and air. On chemical grounds, he proves that a solution of corrosive sublimate, grs. ij to aquæ ℥j, decomposes the hydro-sulphuret, and in this way removes the obstruction.

Pustula maligna.—Dr. Caspar, of Stassfurth, relies for the treatment of this affection on liquor ammoniæ ; it is administered in small doses every hour, day and night. He states that he has cured several hundred cases, and one only was fatal. He attaches little importance to local treatment. —*Deutsche Klinik.*

Proximate Cause of Chills.—Liebig remarks, in one of his lectures:—Under certain conditions a chill is felt inwardly without the temperature of the body diminishing on that account, and warmth is experienced without there being an increase of heat. These sensations point to a state in which certain nerves throw off more warmth than they receive, or receive more than they throw off. The sensation serves only to announce an inequality, which, if it be slight and passing, can, by various stimulants, be easily removed. If it be lasting, it is looked upon as a symptom of illness.

Enlargement of Papillæ in Leichen ruber.—Dr. Neumann, in the "Proceedings of the Vienna Academy," certifies that the enlargement of the papillæ in the leichen ruber of Hebra is due to increase in the size of the capillary loops, and to cells deposited along the walls of the blood-vessels. The outer root-sheath of the hairs at the base of the hair-follicles presents teat-like prolongations that indent the hair-follicle, so that it looks like a varicose gland, and the hair splits up from the bulb.

Chinese Medicines.—A Chinese volume on medicine quotes, among remedies derived from the human body :—"Hair, cut fine and used in plasters, curly hair, woman's milk, dandruff, teeth-filings, ears, exuviæ, parings of finger and toe-nails of pregnant women, which nail-parings are reduced to ashes by burning ; bone of the forehead, reduced to ashes ; beard of the upper lip ; hair from virginis pubes ; blood ; the placenta ; the gall." The first item, excepting as to its source, is suggestive of flannel or spongiopiline, and is by no means unreasonable ; and with regard to the others it is necessary, before coming to a judgment upon them, to learn something of their mode of application.

Tonic Effects of Mercury.—Dr. Almès, in the *Union Médicale* for July, 1869, narrates that his attention having been awakened to the constitutionally restorative powers of arsenic, he proceeded to make observations on the effects of perchloride of mercury, tartarized antimony, bichromate of potash, nux vomica, &c., and he found them all endowed with similar capabilities. He calls them restoratives of nutrition, appetite, and strength, and finds that under their use the bulk of the body is increased, the complexion improved, and the muscular vigour augmented. Perchloride of mercury has powerful tonic properties, may be administered to children as well as to adults, and may be continued for many months at a time. The only requirement necessary is to regulate the dose, which should not exceed a sixtieth to a thirtieth of a grain. On the same topic Dr. Godwin Timms, in the *Medical Press and Circular*, October, 1869, observes, that the perchloride of mercury in doses of $\frac{1}{15}$th of a grain, three times a day, is the most powerful of all remedies against the tuberculous diathesis, and one of the most powerful alteratives in chronic phthisis. Two-thirds of all cases of consumption will be benefited by its use, and it will prolong life even where vomicæ exist.

Treatment of Sykosis.—The *Journal de Chimie et Bulletin Général*

de Thérapeutique for October, 1868, reports a treatment of sykosis by a saturated solution of nitrate of potash. The plan is recommended by Mr. Stewart. The solution should be applied three or four times a day, unless it be too painful, in which case it may be used in a more diluted form. Mr. Stewart employs a similar remedy for chronic ekzema.

Treatment of Chilblains.—The *Union Médicale* for September, 1868, contains a statement made by Dr. Schaller, that a certain and effectual remedy for chilblains is a saturated tincture of the perchloride of iron. It should be painted on the chilblains, if unbroken, two or three times every night; and if broken, only once. The pain of the application is severe; hence it is proposed to substitute for the perchloride the chloroxide, which is more astringent and less irritant and painful.

Kreosote in Lepra.—Dr. Balmanno Squire prefers kreosote to tar in the local treatment of lepra. He employs a formula of kreosote and white wax, two-thirds of the former to one of the latter.—*New York Medical Gazette*.

Turpentine in Ringworm.—Professors Von Erlach and Lucke recommend the use of spirits of turpentine in phytosis or common ringworm; also in sykosis and erysipelas. In the former a rapid cure was effected by brushing the spirit over the surface, the operators deluding themselves by supposing that they were destroying a parasitic vegetation. The parasitic theory is, however, inapplicable to erysipelas or to severe burns, in which turpentine is also a valuable remedy.

Green Hair.—In an article on chromidrosis, at page 332 of the second volume of this Journal, we mention the observations of Dr. Clapton on the effects of copper upon the system of workmen employed in the manipulation of that metal. At the opening of the Clinical Society on the 8th of October, 1869, Dr. Clapton presented a paper in which his further observations on the same subject were recorded. "Several noteworthy phenomena were described, as the presence of distinctly-marked green stains on the teeth close to the gums, bluish-green perspiration, *hair of a greenish hue in old workmen*, and green discharge from old ulcers. These colorations were due to absorption, assimilation, and elimination of the copper, and not to a mere local deposit." Copper workmen do not suffer from any specific diseases, as do the workmen in most other metals; and they have always escaped cholera and choleraic diarrhœa during the great epidemics. Dr. Wiltshire remarked that he had seen one case of well-marked green hair among pin-workers.

The Fatal Dye.—The *Medical Press and Circular* for October states that on the 15th of June there died at Iowa Dr. Witherwax, from the effects of a hair-dye containing lead. He had employed the dye to his head and whiskers for four years, and during that period experienced many reminders in the shape of lead colic. Two medical men detected lead in his liver and kidneys on analysis.

Accidental Albinism.—Mr. Hutchinson reports having seen "complete albinism" in an infant, in the Moorfields Ophthalmic Hospital. "The hair was quite white, and the skin very fair. The child looked vigorous. It was constantly winking when in the light, but could open its eyes when they were

shaded. The lesser circle of the iris was opaque and whitish-grey; but all the rest was transparent, and transmitted the red glare of the fundus. The pupils were small and not quite round. The child was the first-born of parents, both of whom were reported to be very dark. No case of albinism had occurred in any predecessor as far as known."—*British Medical Journal*, September 18th, 1869.

Hufeland's Art of Prolonging Life. Edited by Erasmus Wilson, F.R.S.—Christoph Wilhelm Hufeland died full of years and honours, at Berlin, 1836. Chief Physician to the King, member of the Council of State, Professor of Special Pathology and Therapeutics in the Universities of Jena and Berlin, and seventy-four years of age at his death, he was a living proof of the wisdom of those maxims which he recommended to the world, to ensure a long and happy life. The present volume is an abridgment of a work he wrote in his thirty-second year, entitled "Macrobiotics," and designed to instruct men in the art of preserving their physical and mental health. Probably of all the works on popular medicine it has been the most successful. In 1797 it was translated into English, Mr. Wilson thinks by the author himself, and this translation it is which is now presented to the American public, with such omissions and notes as may be required by the advance of science. Yet it humbles amazingly our estimate of this advance, when we compare this work of the last century with the latest advice on the same subject, for example, the charming essay of M. Flourens, "De La Longévité Humaine." Of the two, the older is the better book. It is divided into three parts. The first reviews the various means by which men have sought to preserve life and health; the second treats of those indulgences and bad habits which shorten life; the third lays down the various physical, mental, and moral precepts which we must observe in order to gain that advanced age and thorough condition of health to which we are as a species rightly entitled. We hope the work will have an extended circulation, both in and out of the profession, not merely because its advice is so sound, but for another reason, for the impress of a high and noble nature, which is everywhere conspicuous throughout its pages. It is to be regretted that the editor says nothing whatever about the author's life, except that he was "Professor of Medicine at Jena." In fact, he was one of the finest characters that ever ornamented the healing art. He looked on it as a mission rather than a trade; and he proved by his life that the following apostrophe to the physician, which we quote from another of his works, however mediæval it may sound to the fashionable selfishness of to-day, was to him a living truth:—"Thine is a high and holy office. See that thou exercise it purely, not for thine own advancement, not for thine own honour, but for the glory of God and the good of thy neighbour."—*The Medical and Surgical Reporter*, Philadelphia, October 12th, 1867.

INDEX OF CUTANEOUS JOURNAL.

AUSPITZ, H., German Journal *p.* 82
„ on soap 488
Acarus scabiei 339
Achores 20
Ætius 15
Aids to study. 349
Ainhum 322
Akne..... 390, 417
Akrochordon 33
Albinism, accidental..... 515
Alopekia areata 98, 441
„ pityrodes 507
Alphos 27
American brethren 279
„ Dermatological Society 281
Anæsthesia 161
Analgesia 166
Angeiomatous eruption 198
Aniline dye poison 44
Annales de Dermatologie ... 460
Anonymous criticism 175
Anthrax 31
Antipruritic remedies 225
Aretæus 15, 22
Arseniate of soda 463
Arsenic, physiological effects 303
Arsenical idiosyncrasies 305
„ remedies 222, 229
„ treatment 314
Arthritides 109
Artificial noses 354
Atheroma 32

BEAU, on growth of nails ... 352
BELL, JOHN, on growth of tumours 265
BIDENKAP, on syphilisation . 484
BROCA, lipomatous diathesis 173
BOOKS RECEIVED 103
Bakers' itch 10
Baldness, etiology of..... 301
Baretta's models 83
Bath of Beauty 501
Bathing, action of..... 321
Beauty bath .....*p.* 501
Belfast Hospital, report 274
Belgian cure of itch 348
Biskra bouton 326
Bites of insects 103
Blister, pathology of..... 325
Boasi 476
Borax, an antipruritic 226
Bouknemia 70
Brandy in ekzema 387
Bricklayers' itch 10
Bromide of potassium, eruptions..... 312, 480
„ „ therapeutic action..... 328, 479
„ toxic effects..... 510
Bullæ 28

CHEADLE, report of St. Mary's Hospital 407
Calamine ointment 218
Carbolic acid in lepra and prurigo 214
„ soap 284
Carbunculus 31
„ treatment of ... 211
Carcinomatous affections..... 255
Casting, method of 355
Casts of cutaneous disease ... 349
Chapped nipples 9
Cheloides..... 73, 89, 207, 512
Cheloma 73, 89, 207, 512
Chilblains 22, 515
Chills, cause of 514
Chinese medicines..... 514
Chromatopathic affections ... 254
Clavus..... 32
Clothing, colour of 513
Cod-liver oil in ekzema..... 373
Colour of garments 513
Contagious impetigo..... 231
Copaiba, cause of pemphigus 506
„ in lepra 463
Coralline sock poisoning 101
Cuniculus scabiei 340

Cutaneous horn.....*p.* 286
„ sympathies..... 304

Damon, on neuroses..... 159
„ on structural lesions 471
Doyon, Annales de Dermatologie..... 82
Drognat-Landré, on elephantiasis 474
Duckworth, on molluscum contagiosum 64
Durkee, contributions to dermatology 464
Dartre de la graisse 73
Death, proof of 328
Dermatalgia.....33, 168, 455
Dermatitis acuta 429
„ anilina..... 44, 284
„ toxica 44, 284
Dermatographical conference 81
Dermatological journals 81
„ lectures 498
„ museum ... 83, 180
„ society ... 281, 328
Dermatology, chair of.....178, 286
„ recognition of 102
Dermatolysis 262
Dermato-neurosis 455
Dermato-sklerosis.....192, 505
Dermato-struma 277
Dermato-syphilis..... 277, 437
„ onychodes... 93
„ papulosa ... 92
„ rupia 93
„ tuberculosa . 92
Diathesis, ekzematous 197
„ furuncular 301
„ herpetic 197
Diet in ekzema 383
Digestion of tumours 510
Dioscorides Phacas 15
Disease, definition of..... 105
Dothienic affections 254
Driving in theory, 13, 103, 114, 153
Dye, the fatal..... 515
Dyes for the hair 216, 285
Dysæsthesia dermatos.....161, 302

Eggs, nutritive properties of 214
Ekzema ani 9
„ articulorum 7
„ assimilative..... 108
„ axillare 8
„ capitis 3
„ catarrhal..... 117
Ekzema, cause of .....*p.* 106
„ circumscriptum..... 2
„ classification of 140
„ congenital 297
„ constitutional causes 113
„ contagion of 151
„ crustaceum..... 83
„ derivative 114
„ diagnosis 13
„ diathetic 107
„ diffusum..... 2
„ digitorum 11
„ dorsi manûs 11
„ erythematosum.....83, 84
„ etiology of..... 106, 292
„ exanthematosum ... 1
„ exciting causes 111
„ faciale..... 6
„ figuratum 2
„ fissum.....11, 84
„ generale 1
„ hairy scalp of..... 3
„ hereditary 106, 299
„ hypertrophic 411
„ infantile 396
„ local causes from ... 113
„ mammæ 9
„ mamillare 9
„ manuum..... 10
„ marginatum 3
„ mucous membrane 13, 116
„ natural history ...288, 396
„ nature of..... 140
„ neurotic 109
„ nummulare 3, 410
„ nutritive..... 108
„ œdematosum 412
„ origin of 146
„ palmare 84
„ papilliforme 85
„ papulosum 83
„ pathological formation..... 326
„ pathology of 147
„ pedum..... 10
„ perinæale 8
„ predisposing causes 110
„ prognosis of 116, 153
„ pruriginosum..... 85
„ pudendale 8
„ recurrent..... 288
„ rubrum 5
„ scrotale 9
„ sklerosum 3
„ solare 10

Ekzema squamosum .....*p.* 390
„ substitutive 113, 290
„ successivum 1
„ treatment, 41, 217, 363, 466
„ tuberculatum 85
„ unguium 12, 86
„ universale 2
„ vaccine 115
„ varicose 113, 320
„ verrucosum 3
„ vulvæ 9
Ekzematous affections.....251, 329
„ diathesis 13
Elephantiasis ...22, 69, 91, 474, 498
„ anæsthetica ... 75
„ Arabum 70
„ mutilans 75
„ natural history 186
„ tuberculosa ... 91
Elephantous affections..... 256
Enanthesis 210
Encysted tumours of scalp ... 215
Epidermic affections..... 252
Epidermis, unhealthy 512
Epilator 275
Epilepsy, retinal 100
Epinyktis 28
Epithelioma 214, 511, 512
Erysipelas 29
„ inflativa 29
Erythema 421
„ marginatum..... 90
„ pellagrosum 86
Erythematous affections 253
Etiology of ekzema 106
Exanthemata 19, 27
Exanthematic affections 256
Exanthesis 210

Fox, Tilbury, contagious impetigo 231
Favi 20, 21
Favus 91, 389, 393
Female physicians 216
Ferro-arsenical mixture 222
Fibroma corii 302
„ molluscum 89
„ tuberculosum 89, 180
„ universale 180
Fici 19
Folliculitis setosa 91
„ tuberculosa œdematosa 504
Formica miliaris 33
Formicaria 33
Fungous foot of India .....*p.* 495
Fungus error 216
Furuncular affections 254
„ diathesis 301
Furunculus 30

Greenough, herpes zoster ... 67
Guibout, fibroma universale 180
Galen 15
Gangrene of the skin 446
Glandular disease 196
Glycerine soap 491
Green hair 515
Grocers' itch 10

Hardy, clinical lecture 461
Hebra, appointment of 498
„ leichen scrofulosorum et ruber 49
Heiberg, syphilisation 58
Hufeland, art of prolonging life 516
Hair affections 17, 252
„ diseased..... 133
„ dyes 216
„ green colour of..... 515
„ number of..... 352
„ pigmentation 285
„ plucker 275
„ syphilis of..... 309
Herpes 29, 414
„ children in 327
„ labialis 200
„ nasalis 199
„ ophthalmicus 67
„ pruriginosus 458
„ sine vesiculis 199
„ zoster 67, 87, 214, 319
Herpetides 109
Horn, cutaneous 286
Hydrocarbon remedies..... 226
Hyperæsthesia 161
Hyperidrosis 318
Hypertrophy of skin 502

Ichthyosis 13, 36, 424
„ sebacea 91, 150
Idrotopathic affections 255
Impermeable dressings..... 41
Impetigo 337, 413, 468
„ contagiosa 231, 339
„ faciei 86
„ phlyktænodes 338
Insect bites..... 103
„ eruption 511

Iodide of potassium, absorption ..... *p.* 317
Irritation, a causa morbi ... 196
„ propagation of ... 94
Itch 339
„ treatment of 318, 347

Jones, Handfield, anomalous cases 359

Kesteven, on the bromides 479
Kohn, lupus erythematosus 171
Kerion 20, 323
Kreosote in lepra 515

Lombroso, on makrosomia ... 78
Lectures on cutaneous medicine and diseases of the skin :—
IX. Ekzema 1
X. Ekzema 105
XI. Treatment of ekzema 217
XII. Ekzematous affections 329
„ on dermatology 498
Leichen 25, 330, 416
„ agrius 11
„ annulatus 333
„ circinatus 90, 333
„ circumscriptus..... 333
„ gyratus 334
„ lividus 337
„ marginatus 334
„ pilaris 337
„ planus 57, 117, 335
„ pruriginosus 301, 334
„ ruber 54, 336, 514
„ simplex..... 332
„ scrofulosorum 49
„ strophulosus 335
„ tropicus 332
„ urticatus 335
Lentigines nigræ 210
Leper, rights of the 102
„ hospital 513
Lepra..... 24, 252, 277, 425, 461
„ carbolic acid in 214
„ dorsi manûs..... 87
„ etiology of 303
„ mutilans 75
„ treatment of..... 515
„ unguium 87
Leprosy 256
Leukasmos..... 27, 304
Leukasmos figuratus.....*p.* 203
„ linearis 203
Leuke 26
Life, definition of 106
Lightning, effects of 184
Lines of motion..... 352
Lipomatous diathesis 173
Lupus..... 392, 442
„ erythematosus..... 88, 171
„ scrofulosus 88, 136, 471
„ vorax 320

Mayo, Herbert, memento of 282
Milton, on ekzema.....140, 363
„ on prurigo 450
„ German dermatological literature ... 73
„ ichthyosis 36
Madarosis 21
Madura country 494
„ foot 495
Makrosomia 78, 213
Melas 27
Melasma..... 306
Melikeris 21, 32
Melitagra 338
Mentagra 25
Mercurial treatment..... 359
Mercury as a tonic 514
Milk-crust 6
Milphosis 21
Molluscum adenosum... 65, 278, 420
„ areolo-fibrosum 65, 70, 89, 201, 302
„ contagiosum 64
„ sebaceum 65
„ simplex 70
Morbus entophyticus 495
Morphœa 27
Mosquito eruption 511
Mucous tubercles 93
Museum of dermatology 83
Myrmekia 33
Myrmekiasmos..... 205

Nelson, on the Madura country 494
Neumann, text-book of skin diseases 167
Nail test of illness..... 352
Negro-skin 327
Nerves of the rete mucosum... 513
Nervous shock 305
Nervous phenomena..... 209
Neuralgia dermatos 33, 163

Neuralgic ulcers ..... *p.* 202
Neuroses..... 159, 455
Neurotic affections 254, 481
Nutritive affections 253

Œdematous hypertrophy ... 502
Onychia 247
„ syphilitica 93
Onychopathic affections 256
Onyxis syphilitica..... 93
Oribasius 15

Paxton, diseased hair 133
Pick, on cheloides 73
„ German Cutaneous Journal 82
Profeta, elephantiasis 69
Pullar, impermeable dressings..... 41
„ review of Neumann's text-book 167
Purdon, Belfast Hospital Report..... 274
„ dermatalgia 33
„ lupus 136
„ neurotic cutaneous diseases..... 481
„ notes on favus..... 393
„ report of dispensary cases..... 388
Paulus Ægineta, dermal pathology 15
Pellagra 86
Pemphigus 210, 415, 506
„ acutus 87
„ chronic 507
„ pruriginosus 458
„ traumatic 507
Pendulous growths 269
Penicillium glaucum 394
Pepsine treatment of tumours 510
Phlyktænæ 28
Phlyktenous affections..... 254
Phosphorus in lepra..... 463
Phygethlon 30
Phyma 30
Phytosis circinata.. 90
„ versicolor 328
Pigmentary affections 254
Pityriasis 5, 19, 424
„ phthisicorum 54
„ scrofulosorum 54
Pityriasis tabescentium ...*p.* 54
„ versicolor 328, 440
Plague in Mesopotamia 509
Poisonous hair-dyes 216
„ shirts 287
„ socks and stockings 44
Pores, perspiratory 351
Porrigo 4, 5
Propagated irritation..... 94
Prosopectasia 80
Prurigo 26, 161, 420, 450, 455
„ carbolic acid in 214
„ hæmorrhagic 96
Pruritus 26, 420
„ ani 459
„ vulvæ 459
Psora 24, 339
Psoriasis..... 5, 24
„ palmaris..... 12, 432
„ plantaris..... 432
Psorophthalmia..... 21
Psydrakia 19
Pterygium 32
Pustula maligna 514

Quigila 323
Quinine in prurigo 459

Reviews :—
„ Annales de Dermatologie 460
„ Auspitz on soap 488
„ Damon, neuroses 159
„ „ structural lesions 471
„ Drognat-Landré elephantiasis 474
„ Duckworth, molluscum 64
„ Durkee, contributions to dermatology... 464
„ German dermatological literature 73
„ Greenough, herpes zoster 67
„ Hebra, leichen scrofulosorum et ruber..... 49
„ Heiberg, syphilisation 58
„ Italian dermatological literature 78, 173

Reviews :—Kesteven, bromides .....*p.* 479
„ Nelson, Madura country 494
„ Profeta, elephantiasis 69
„ Purdon, Belfast Hospital report 274
„ „ Neurotic cutaneous diseases 481
„ Syphilisation in Kristiania 488
„ Vernon, herpes ophthalmicus 67
Radesyge 354
Recurrent nervous phenomena 209
Repelling an eruption 102
Rete mucosum, nerves of..... 513
Ringworm, treatment of 515
Rupia syphilitica 93, 391, 470

Smith, W. F., Xanthoma ... 241
Smyth, Brice, Onychia 247
Soresina, Italian Cutaneous Journal 81
Steudner, lepra mutilans ... 75
Saint Louis hospital 460
Sarcoptes hominis 339
Sauriodes squamosa 91
Scabies 339, 440, 469
„ in animals 509
„ phlyktænodes 300
„ treatment of, 318, 348, 470
Scalled head 20
Scribonius Largus..... 15
Scrofula and cheloma 207
„ from irritation 197
Scrofulides 109
Sebaceous obstructions..... 513
Shirts, poisonous 287
Shock, cause of dermatosis ... 305
Sklerema 505
Skleriasis 505
Skleroderma 505
Sklerosis telæ cellularis et adiposæ 192
Soap 488
„ carbolic acid 284
„ cure of scabies 348
„ in ekzema 380
„ treatment of scabies..... 470
Spargosis 70
Specialism 311
Spedalskhed ..... *p.* 474
Speedy cure of scabies 348
Statistics, cutaneous 248
„ of ekzema 396
Stavesacre ointment 348
Stearrhœa faciale 302
Steatomatous tumours of scalp 215
Steatopathic affections 255
Strophulus 335
Structural lesions 471
Struma 32
Strumous affections 253
Styrax in scabies 318, 348
Sulphur, cure of scabies 347
Sweat-pores, number of 351
Sykosis 21, 388, 443, 514
Syphilis, tertiary 392
Syphilisation 58, 483
Syphilitic affections 253
„ disorganization of hair 309

Tables, Statistical 257
Terminthus 30
Tertiary syphilis 392
Therapeutics of ekzema 218
Thymi..... 32
Tinea amientacea 4
„ asbestina 4
„ circinata 90, 440
„ granulata..... 4
„ mundificata..... 4
„ tondens 440
Trachoma 21
Traumatic affections..... 255
Tubercula mucosa..... 93
Turner's cerate 218
Turpentine in ringworm 515

Ulcers of the head 19
Urticaria..... 161, 424, 508

Vernon, herpes ophthalmicus 67
Vaccination, from heifer 215
Vaccine ekzema..... 115
Vaccinella 115
Varicella 314, 416
Verrucæ 205
Vespajo del capillizio 323
Vespajus..... 323
Vitiligoidea 241, 317

Weisse, New York correspondence .....*p.* 280
Willan, introduction to first book 270
Wilson, Erasmus, aids to study 349
„ dermal pathology
„ of Paulus Ægineta 15
„ dermatitis toxica... 44
„ dermatolysis..... 262
„ dermato-neurosis... 455
„ ekzema 396
„ lectures on dermopathology 1, 105, 217, 329
„ leichen planus..... 117
Wilson, Erasmus, statistics of „ cutaneous disease *p.* 284
Wilson, Marris, Italian dermatological literature, 78, 173
Washerwoman's itch 10
Wasp's nest of scalp..... 328
Water, pure 285
Whitlow..... 22

Xanthelasma 241, 317
Xanthoma 241, 317
Xerasia 508
Xeroderma 13

Zinc ointment, benzoated ... 218
Zoster 161, 319

WYMAN AND SONS, PRINTERS, GREAT QUEEN STREET, LONDON, W.C.

WELLCOME LIBRARY INSTITUTE